

UNITED STATES NAVY

DENTAL CORPS UPDATE



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
WASHINGTON, D.C. 20372-5120

MEMORANDUM FOR THE DENTAL CORPS

1724
MED-06 /062
April 1991

Subj: THE VIEW FROM THE BRIDGE


Congratulations to all Dental Officers and Dental Technicians who participated in Operations Desert Shield and Desert Storm! As this newsletter goes to press, the first Medical Department personnel are returning home. Our heartfelt thanks go out to all our American and allied troops who performed so heroically in this difficult campaign. We stand proud in that our dental family contributed significantly in this decisive victory. At the height of the battle we had 199 Dental Officers and 550 Dental Technicians in theater serving with the FMF, fleet hospitals, hospital ships and aboard gray hulls. Those commands providing dental assistance with the massive 44,000 Reserve call-up are also most deserving of a "Bravo Zulu!"

We have two special anniversaries to celebrate at this time. Happy Birthday to all Dental Technicians, 2 April 1948, and to all Navy Reserves, 3 March 1915. Both of these communities participated magnificently in the recent war efforts. This edition of Dental Corps Update is dedicated to all active duty and Reserves who wear the DT rating badge.

In the most recent Captains' selection board, two women were selected for promotion. **Carol Turner** and **Sheila Twohey** will be the first female Captains in the 78 year history of our Navy Dental Corps. Felicitations Carol and Sheila! Another noteworthy milestone is that for the first time women DOs and DTs served ashore in a hostile fire area. We had a total of eight female DOs and 47 DTs serving in the Persian Gulf ashore and aboard ship. Female Reserves recalled to duty were represented in these totals by **CDR Barbara Slabe** at Fleet Hospital 15 and eight DTs.

Two stalwart leaders and friends of the Navy Dental Corps have announced their dates for retirement. **Vice Admiral James Zimble**, Surgeon General of the Navy, is scheduled to retire on 28 June. Admiral Zimble, as Chief, Bureau of Medicine and Surgery, has been at the helm of Navy Medicine during a period of exceptional growth and professional advancement of our Dental Corps. We are truly grateful for his superb support and bid him "Bon Voyage." **Rear Admiral Donald Shuler** will be relieved by **Rear Admiral Charles Loar** on 26 April as Director, Medical Service Corps. We farewell Admiral Shuler with a vote of appreciation for his vast contributions to the Medical Department and for his 72 dedicated MSC officers now serving with dental commands worldwide.

In closing, I am happy for those families who have members returning from Desert Storm. Nothing takes the place of a Mom or Dad at home, but I'm pleased our command ombudsmen and support systems functioned so well! Also, let us not forget our Reserves who were recalled to active duty or came forth with annual training assistance. God Bless and continue to serve with dignity!


M. C. CLEGG
Chief, Navy Dental Corps

DENTAL CORPS NEWS

April 1991

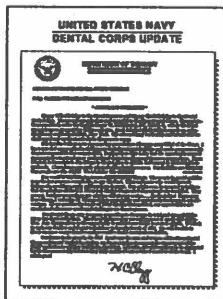
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BACK ISSUES AVAILABLE

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Chief, Navy Dental Corps
Bureau of Medicine and Surgery
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WRITTEN BY THE DUTY WATCH OFFICER
LCDR ED ABEYA, MSC, USN (MED-61)

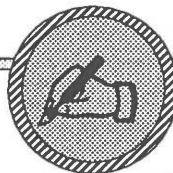
Once again, tyranny threatens humanity
A cloud of war forewarns of menacing calamity
Once again, America's might is placed in harm's way
Is world's peace America's burden to pay?

1990 started with signs of lasting peace
And the world spoke of friendship and cooperation
No sooner did we smoke the pipe of peace
Than a tyrant roared his weapon of destruction.

The new year starts with impending danger.
The world's fragile peace, will it soon be over?
The Middle East beckons America's blood, sweat and tears.
And we have responded well with our hopes and fears.

The most massive instrument of war is in place
Ready to destroy freedom's enemy.
It is also the most massive instrument of peace.
Ready to ensure freedom's victory.

Our sailors and marines are on station.
Ready to serve the will of our nation
The Comfort and the Mercy slice the ocean's mist.
Whispering, Charlie Golf One, we're standing by to assist.



DENTAL ADDRESSES FOR OPERATION DESERT STORM

- Dental Department
USNS Comfort (T-AH-20)
FPO New York 09566-4008
- Dental Department
USNS Mercy (T-AH-19)
FPO San Francisco 96672-4090
- Fleet Hospital Five
Dental Department
I MEF
FPO San Francisco 96608-5409
- To Write to FMF Dental Officers
or Dental Technicians:
Rank/Rate and Name
Dental Detachment
General Support Group - 1
1st FSSG (Deployed)
FPO San Francisco 96608
- To write a generic letter not intended
for any specific military person (such
as Marine Corps, Army or Air Force
ground unit personnel) address to:
Any Servicemember
APO New York 09848-0006
- Generic mail to Navy and Marine
Corps personnel aboard ships:
Any Servicemember
FPO New York 09866-0006

INPUT FOR RUFFLES AND FLOURISHES

RUFFLES and FLOURISHES is a feature of our Dental Corps Update publication that reflects the pride of our Corps. I encourage periodic input from ship and shore based Navy and Marine Corps dental facilities and our HSOs. Keep the written material brief (preferably a maximum of 3 - 5 sentences per item). Include the name of a point of contact and provide a telephone number. Submitted material is subject to editing by my staff. If you have questions, my point of contact is LT Billy Hanes, DC, USN who can be reached at AUTOVON 294-1746 or commercial (202) 653-1746. Mail your input for Ruffles and Flourishes to the following address:

Chief, Navy Dental Corps
Bureau of Medicine and Surgery
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Charting a New Course

Welcome Aboard

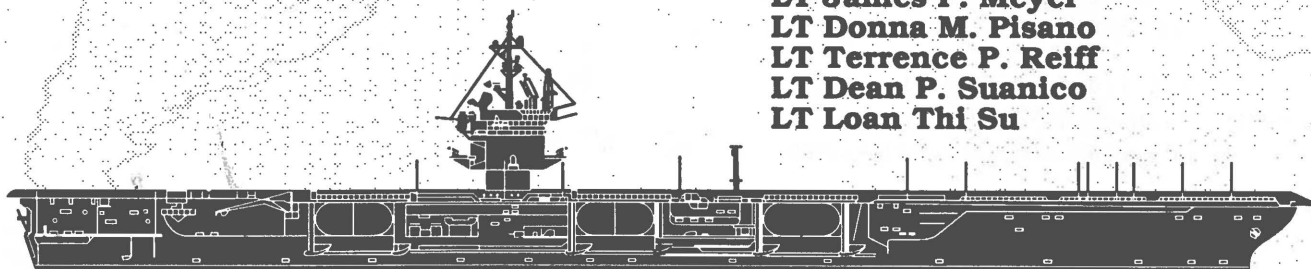
Retirements

MAY YOU HAVE FAIR WINDS...

CAPT Lathe L. Bowen
CAPT Robert A. Scudder
LCDR Wesley L. Hanson, Jr.
LCDR David A. Percival

AND FOLLOWING SEAS....

LCDR Michael H. Chema
LCDR Thomas L. Danos
LCDR Richard E. Gerhardt
LCDR Arthur Green, Jr.
LCDR John J. Lauten
LCDR Sandra Middleton
LCDR Timothy E. Titus
LT Elizabeth Bowles-Gaskin
LT Janet A. Delorey-Lytle
LT Douglas E. Hobaugh
LT Kevin T. Kalanta
LT James P. Meyer
LT Donna M. Pisano
LT Terrence P. Reiff
LT Dean P. Suanico
LT Loan Thi Su

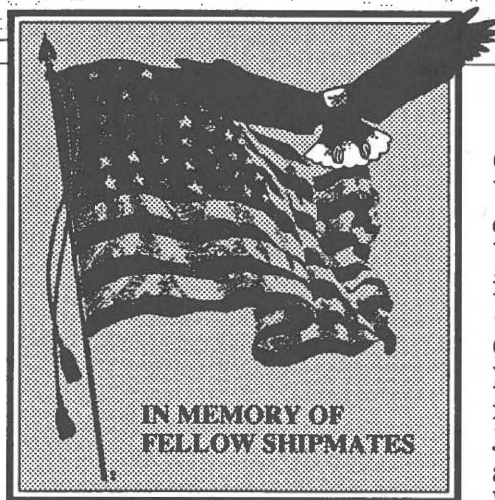


CAPT ARTHUR FRECHETTE, DC, USN (RET.)

Dr. Arthur R. Frechette, a highly respected prosthodontist, researcher, prolific writer and former Director of the Navy Postgraduate Program passed away on November 15, 1990. Affectionally known as "Ted", he is survived by his wife, Patricia, two daughters, Mrs. Victor Biringer of Jacksonville, FL, and Mrs. Ted Northrup of Charlotte, NC.

Arthur Roy Frechette was born in Schenectady, New York, on February 11, 1907, son of Wallace Arthur and Maritta (Rice) Frechette. He grew up in Schenectady, New York, finishing high school there in 1924. He went to the University of Southern California and then USC College of Dentistry, graduating with the Doctor of Dental Surgery degree in 1928. He entered into private practice in the Los Angeles area and continued there until 1936. He met Patricia Middleton there in 1934 and she became his wife in 1935. He entered the Navy

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CDR BARRY MATHIS, DC, USN

Commander Barry J. Mathis, DC, USN, of Pensacola, died Tuesday, Jan 1, 1991 in Salt Lake City, Utah due to injuries suffered during a holiday skiing accident.

Commander Mathis, a native of Palo Alto, California, graduated from the U.S. Naval Academy in June 1969 and was commissioned a Naval officer upon graduation. He received his Doctor of Dental Surgery degree from the University of California School of Dentistry and served his general practice residency in Oakland, California, from July 1978 to June 1979.

During his 21-year Naval career, Commander Mathis served aboard the USS Midway (CV-41), USS Illusive (MSO-448) and USS Lexington (AVT-16); was assigned overseas as Clinic Director, Naval Regional Dental Center, Yokosuka, Japan; and served as Staff Dental Officer at Naval Dental Clinic, Pensacola, FL.

continued on page 30

HISTORICAL HIGHLIGHTS OF THE DENTAL TECHNICIAN RATING

By
Fred E. Wilson, Jr.
Master Chief Dental Technician



DENTAL RECRUIT

DENTAL APPRENTICE

DENTALMAN

The need for dental assistants to extend the services of dental officers first appeared in an article in U. S. Naval Medicine Bulletin, Vol XV, No 1 in January 1921. Since this time, dental technicians have earned an enviable reputation which is reflected in their pride of service and "*esprit de corps*."

The first class of dental assistants was trained at the U. S. Naval Dental School, Bethesda, in February 1923. These dental technicians wore a red cross rating badge.

February 1945, Invasion of Iwo Jima - Dental technicians carried out regular duties, assisted in the sick bays and operating rooms and aided in identifying the dead.

On 12 December 1947, the Secretary of the Navy established Group XI, Dental, in the Hospital Corps with rates dental apprentice, dentalman, dental technician, and dental clerks as 11% of the Hospital Corps. The Dental Technician rating became effective on 2 April 1948. This marked the first time that a dental caduceus rating badge was worn by DT's.

Our first hero, DN Thomas A. Christensen, was posthumously awarded the Navy Cross for extraordinary heroism against enemy aggressor forces in Korea on 6 November 1950. DT3 John W. Drinkhouse and Charles R. Bartholomew were the only dental technicians killed during Vietnam. The Silver and Bronze Stars, Purple Heart, and other personal medals and citations have been awarded to dental technicians during conflicts.

1 July 1951, to date, 63,857 patients received "front line" dentistry in Korea in trucks converted to mobile dental units or in quonset huts. This was accomplished due to a change in the basic combat mission of the Marine Corps from amphibious to defensive land warfare. DT's were assigned to the 1st Marine Division.

June 1965 to January 1973, support was provided by the 1st, 3rd, and 11th Dental Companies, along with detachments of the 15th Dental Company. These detachment companies were sent out to provide support under all conditions. The detachments ranged from several personnel operating in Southeast Asian huts or old French buildings in Chu Lai, DaNang, Phu Bia, or Quang Tri, to

one DO and one DT in mobile or fixed dental clinics in Khe Sahn, Cua Viet, Con Thien, or An Hoa. Dental technicians also participated in Civic Action Programs rendering humanitarian aid to Vietnamese civilians.

DT2 Paul J. Dziadon, DT3 Richard W. Fly, and DN Manuel Bernal were recognized for their performance after the bombing of the Marine Corps Battalion Landing Team Headquarters at the Beirut International Airport in 1983.

2 August 1990 to present, Desert Storm/Shield has recognized the superior performance of DT's in support of their primary mission and contingency roles, ashore and afloat.

First and noteworthy accomplishments: DTCS C. E. Ray was appointed as EA to the Assistant Chief for Dentistry and Chief, Dental Division. DTCM H. R. Moeller was appointed as Deputy Director, DT Plans, BUMED. DTCM Karl W. Henry was appointed as CMC, NAVMEDCOM, Washington, D. C. DTCM Kenneth E. Nay was appointed as CMC, NAVMEDCOM, NCR, Bethesda. DTCM Fred E. Wilson, Jr., was appointed the Command Master Chief, HQ, BUMED, Washington, D.C. DTCM Jerry Keen was appointed as Command Master Chief, Naval Base, San Francisco.

BUMED/NAVMEDCOM Sailors of the Year: 1982 - DT1 Eric L. Harp; 1983 - DT1 Brian J. Baker; 1985 - DT1 Ralph H. White; and 1988 - DT1 Douglas E. Thomas.

DTCM J. L. Davis (1969), DTCM Clotilda Juliani (1982) and DTCM Cindy S. Kurtz (1990) are the only females advancing to Master Chief Dental Technician.

Manning has had its ups and downs over the years. I'll try to give a little background. (BA) is our billets authorized and (COB) is the number of dental technicians currently on board. A magic thought, COB must not exceed BA. Manning percentage is the difference between BA and COB. In a healthy rating, COB equals 100% of BA.

The number of Dental Technicians on active duty peaked at 10,340 during World War II; 4,700 during Korea; and 4,045 during Vietnam. Our peacetime peak was 4,207 on 30 June 1974. Historically, our current on board was



THIRD CLASS
DENTAL TECHNICIAN



SECOND CLASS
DENTAL TECHNICIAN



FIRST CLASS
DENTAL TECHNICIAN



CHIEF
DENTAL TECHNICIAN



SENIOR CHIEF
DENTAL TECHNICIAN



MASTER CHIEF
DENTAL TECHNICIAN

3,040 in 1956; 3,921 in 1960; 3,679 in 1970; 3,410 in 1980; and 3,538 in 1990.

We have had troubled times. The DT rating was placed in CREO Group "D", COB in excess of 100% of BA and CREO Group "E", COB in excess of 110% of BA in 1974. All first and subsequent reenlistments had to be approved by BUPERS. These actions reduced the COB from 3,941 in 1975; to 3,650 in 1976; to 3,450 in 1977; and to 3,228 in 1978. The 1978 COB was the lowest since June 1961. The rating was returned to CREO Group "C", COB equals between 90 and 100% of BA, in 1976.

In February 1987, the DT rating was again placed in CREO Group "D". Our manning percentage was reduced from 110% to 100%, and the DT rating was returned to CREO Group "C" in May 1989. The manning percentage has fluctuated from 93% in 1985; to 114% in 1988; to 97 % in 1990.

Our first ten week DT basic school opened on 21 January 1948 at NTC, Great Lakes and course training was discontinued at the Naval Dental School, Bethesda. The first six month basic prosthetic school started at Great Lakes and training continued at the NDS, Bethesda. Also, the first six month dental equipment and repair school started at NTC, Bainbridge, Maryland.

During the next 43 years, the basic school was established at NTC and Naval Station (NAVSTA), San Diego with sixteen, eight, and twelve week curriculums. Basic training was stopped at NTC, Great Lakes and San Diego.

The basic prosthetic schools were moved to NTC, San Diego and subsequently moved to NAVSTA, San Diego, both having six month curriculums. Prosthetic training was terminated at Bethesda, Great Lakes, and NTC, San Diego.

A ten month dental equipment and repair school started at NDS, Bethesda. Both schools closed in 1968 and a single six month dental repair school was established at

Naval Dental Clinic (NDC), Norfolk. Training stopped at NDC, Norfolk, opened and closed at NTC, San Diego, and was finally established at NDC, NAVSTA, San Diego.

A six month advanced general and prosthetic and maxillofacial prosthetic laboratory schools were established at NDS, Bethesda in June 1953. Training at the advanced general and prosthetic schools was suspended on 1 July 1966 due to the Vietnam conflict. Subsequently, the schools were closed at Bethesda and established at the NDC, NAVSTA, San Diego on 8 July 1968.

Two twelve month dental research assistant schools commenced at NDS, Bethesda and Naval Dental Research Institute (NRDI), Great Lakes in September 1966 and closed in July 1986.

The Dental Hygiene Technician, NEC DT-8705, was established on 1 January 1983. Seven dental technicians graduated from the twelve month Army Dental Hygienist Course and were awarded this NEC. This school closed in July 1983. The Dental Hygiene Technician NEC was deleted in July 1989.

On 1 September 1975, the Dental Technician School was renamed the Naval School of Dental Assisting and Technology (NSDAT) as a detachment of the Naval Health Sciences Education and Training Command (HSETC). Subsequently, NSDAT became a detachment of Naval School of Health Sciences, San Diego.

The Naval Regional Dental Center and NSDAT moved into a new modern health care complex at Naval Station, San Diego in July 1977. With the exception of the maxillofacial laboratory school at Bethesda, all dental technician school training is performed at this one location.

In closing, let me wish all Dental Technicians a very Happy Birthday on our 43rd anniversary. I am very proud of you and our many accomplishments. Keep up the good work!



USNS MERCY (T-AH-19)

CAPT R. H. Beastall, DC, USN
Head, Dental Department

USNS Mercy left the pier in Oakland, California on 13 August 1990. A day later, we made our first port visit - Oakland, California - where the ship underwent some minor repairs and off-loaded 1/3 of the initial crew. The Dental Department staffing had gone from five dental officers and 16 technicians, to three dental officers and four technicians. On 15 August, we passed beneath the Golden Gate among jubilant shouts of joy and applause.

One look at all the unopened boxes and pallets of equipment and supplies occupying almost every passageway told us that we needed to build a 1000 bed hospital. The Dental Department's major objectives during the transit to the Philippines were:

(1) Inventory all the equipment and supplies in order to identify shortfalls that could be corrected prior to arriving on station. This would also serve as a data base to establish usage rates on an, as yet, untried mission. This involved over 800 line items and thousands of instruments.

(2) Set up the four operatories and two surgical suites so that we could open our doors to patients. The Dental Department and the lens lab were the first departments on line.

(3) Train, train and train. Throughout the transit period, no news, mail or message traffic were received. At the time, and based on the how quickly the crisis was escalating the day we deployed, it appeared obvious that we would be taking on casualties the minute we arrived on station.

After a brief stop in the Philippines to take on supplies and the "second wave" of personnel, we were on our way to what everyone felt would be the north Arabian Sea. (Certainly they would never let a hospital ship get any closer to "the action" than that. Many of the supply shortfalls that were identified earlier were corrected in Subic attesting to the rapid response and super support we received from the Supply Corps.

With the embarkation of the second wave, the Dental Department was staffed with four dental officers and 12 technicians, and shortly after entering the Persian Gulf on 15 September, we became a multi-national dental force with the addition of a dental officer and a technician from the Canadian Forces Dental Service.

We arrived on station just north of Bahrain in mid September, where the long awaited news and mail were waiting. It was somewhat of a relief knowing the crisis had reached a plateau during our transit. Still, everyone had become proficient in the use of gas masks and MOPP gear, and were "experts" in chemical and biological warfare, combat casualties, combat fatigue and stress management, laser weaponry and damage control. All dental officers had become ACLS certified and all dental technicians were BLS certified.

Mass casualty drills have been conducted, critiqued, replanned, then repeated many times. General dentists serve as walking wounded triage officers and oral and maxillofacial surgeons are called to Casualty Receiving to treat head

and neck injuries. After the initial influx of casualties, general dental officers are assigned to various treatment locations to debride and close minor wounds, dress various wounds, and assist the surgeons performing major surgery.

Dental Technicians are used in a variety of locations throughout the ship. Some serve as external and internal litter bearers, while others serve as decon team members, messengers, and oral surgery assistants.

The first major milestone for the Dental Department occurred on 12 October when one of our dental officers became qualified as a Helicopter Control Officer. This helped alleviate a temporary critical shortage of key players needed to land medevac helos aboard the ship. In a related event, the Commanding Officer, HMS Gloucester, was medevac'd to the ship with a dental emergency. Our recently qualified HCO happened to be on watch in pri-fly that Sunday morning and handled the helo landing. It was the first helo landing on board Mercy by an allied nation and the first allied patient treated in Mercy during Desert Shield. A plaque was presented to Mercy in appreciation. Our motto quickly became: "We arrange 'em, we land 'em and we treat 'em."

The next milestone occurred in the port of Ad Dammam and off the coast of Bahrain where the true Dental Corps esprit was demonstrated. Through a carefully planned and coordinated mission using assets from USNS Comfort, USNS Mercy and USS LaSalle, a fixed partial denture was delivered to Commander, Middle East Force. A much appreciated Letter of Commendation followed.

After short visits to Al Jubayl, Bahrain and Dubai, it quickly became evident that our services were desperately needed by many personnel of all branches of service during in port periods. Letters of Appreciation and framed pictures were received from USS Blue Ridge (LCC-19) and USS Worden (BB-64) and USS Niagara Falls (AFS-3) as gestures of appreciation for our support.

Many of us have served in major combatants during our careers, and have had the opportunity to entertain a multitude of distinguished visitors who came aboard as guests. But the uniqueness of a 1000 bed "floating trauma center" is incomprehensible to many. We have hosted many distinguished visitors from various countries, including Saudi Arabia's Ministry of Health for Dental Affairs. All were most impressed not only with the facility, but the pride and professionalism demonstrated by the crew.

During our port visit to Dubai, United Arab Emirates in early December, dental care was provided for the Consul General of Dubai and his staff. A barbecue at his house the next day was greatly appreciated.

A chance to grow and mature professionally is but one reward for personal sacrifice. A Navy Achievement Medal and a Letter of Commendation have been awarded to dental personnel for their DNs, a DN to DT3 and a DT3 to DT2. Two Good Conduct Medals has been awarded so far.

Today is 19 January and it's obviously "show time."

Although we are sailing in uncharted waters. I am confident that we will be there when needed and will dig deep into our personal reserves to muster all the endurance, ingenuity and knowledge it takes to support our sailors, marines, airmen and soldiers. We truly appreciate the overwhelming support the "folks back home" have been giving us. ■

DENTAL TECHNICIAN: THE BACKBONE OF THE DENTAL CORPS

CAPT Tom Carlson
23rd Dental Company - CO1
Dental Detachment Commanding Officer
in Saudi Arabia

Christmas 1990 in Eastern Saudi Arabia I wrote my usual Christmas form letter from a most unusual site. I received a tremendous amount of return support for myself and all "my people." Many were from enlisted personnel, civilian and active, with whom I'd served in years prior, many things touched me, however, a paragraph Tom Des Lauriers (Taiwan 1974-1976) wrote from his desk in Huron, South Dakota was especially heartwarming: "You must have some great people working for you. I know you've probably said it at least 10,000 times since you told me, but I'll remind you anyway, 'The backbone of the Dental Corps is its enlisted men and women.' I know you still believe it cause I can read it between the lines in your letter."

Tom was right, Ido believe it. OPERATIONS DESERT SHIELD/STORM have proven it all over. Hundreds of Dental Technicians are again providing the backbone for numerous organizations including our large detachment ashore with 1st FSSG, I MEF FMF. Additional Dental Technicians have been augmented into FMF Medical units in purely medical roles due to their Field Medical School training. Though not a part of our Detachment, their contributions are just as valuable to the overall mission. The following is the input from the outstanding three chiefs in the Detachment and one of the exceptional chiefs tapped to augment medical.

DTC Paul Magat
(21st Dental Company)
S-4 (Supply, Fiscal, Embark, Motor Transport,
Equipment, Mail)

The Dental Technician rating was established by the Secretary of the Navy and became effective on 2 April 1948. The Dental Technician rating is comprised of men and women trained to assist Naval Dental Officers in providing dental care for the personnel of the Navy and the Marine Corps.

The NEC 8707 - Field Service Technician - was created to support the Fleet Marine Force. In order to serve with the FMF, DT's go through a challenging and grueling seven weeks of physical fitness training, mass casualty

OPERATION



treatment, navigational aid, weapons familiarization, field sanitation, combat patrol, first aid, NBC warfare and a lot more concerning field medical functions. They have to complete the course and prove themselves worthy to serve with The Best.

Iraq invaded Kuwait on 2 August 1990. The calls were made, "DT's, pack your bags. We are going!" The first wave from three California based dental companies arrived in Saudi Arabia 17-20 August and immediately began doing what they had to do to support the Marines. Several clinics were established and emergency dental treatment commenced. A second wave of gung-ho DT's arrived with our company from Hawaii early in September. There are four different companies with many different attitudes. Some did not want to be here, some were scared, some were glad to be a part of history, some complained about the food. But they all combined and molded into one efficient and effective Dental Detachment that provided dental treatment to every branch of the U. S. Armed Forces, Saudis, British, and Bahrainians for three months.

The Commander-in-Chief decided to send in more troops. A third wave of Dental Technicians with a detachment from three Camp Lejeune area dental companies arrived during the Christmas season – most on Christmas day. More DT's arrived two days prior to the outbreak of hostilities with the last detachment from Camp Pendleton. Seven Dental Companies are represented in the Detachment. Additional DT's arrived not as part of any detachment and were immediately augmented into Medical Companies.

Suddenly, DT's are in high demand. We need DT's to drive buses, reinforce Medical Companies, assist Collecting and Clearing companies, and to volunteer to drive tactical USMC vehicles. Up behind the front lines, we have DT's standing tall as sentry guards of medical companies, standing by as litter bearers and decontamination teams, serving food in the galley, incinerating human waste, treating dental emergencies, and doing anything to help out with the overall mission. The overall attitude is to get the job done so we can all go home. After all is said and done, and everyone has gone home, a big question will be asked, "What is a Dental Technician?"

**DTC Pat Esquibel
(21st Dental Company)
Direct Support Command Chief**

Here we are entering month six in Saudi Arabia, although much closer to Kuwait than before. Instead of being in the "rear" at the comfortable camp we first established as Dental Headquarters, I and other dental technicians and dentists are playing front line "Combat Dental" and augmenting the medical personnel in the Surgical Support Units (SSU's) and Collecting and Clearing Companies (CCC's), "as required," or where interest strikes the DT's such as Wards, CSR, Combat Stress Center, Medical Regulating, and OR's. The Dental Technician's primary responsibility is DECON. Yes, that's right, to decontaminate and provide first aid to chemical casualties. We all had basic training on how to decontaminate ourselves when we were back in garrison and went through

the gas chamber. The Personnel Decontamination Site is all foreign to us, but we press on and do the best job possible.

CAPT Kvaska and I are responsible for the forward deployed dental personnel – nearly 100 in all. We, like all the rest, live in a 10 foot deep hole where the Command Post tent that we share sits. Of course the sturdy bunker which we designed and built is within ten feet of our tents. We have spent some time in it already and a few nights ago we spent one hour in MOPP 4 and ten hours in MOPP 2. The air strikes continue and we hear the continuous flow of aircraft flying north over us. Now we hear the distant thunderous sound of them bombing Kuwait. A number of our personnel in another location about 30 miles from us took nightly rounds of rocket fire. By now they should enjoy sleeping in their bunkers.

There was a recent call up of dental technician personnel to augment the medical personnel. These new medical augmentees that are with the SSU's are now being worked into wards, CSR, Combat Stress Centers and OR's, but they all take their turn as the trash haulers, chow line servers, duty standers, human waste barrel burners, and bus drivers to move casualties from forward medical units to SSU's, as do the Corpsmen.

Life in the middle of nowhere is good. Well, now it's good. We now have electricity in the tent, two hot meals a day (breakfast and dinner) and a shower every other day. I would have never believed it got this cold in Saudi Arabia, especially after our arrival in August/September and the heat we had. Now we wear long johns, gloves and watch caps. Thank goodness I have a warm sleeping bag. I'm sure by next month it will be hot again. Other daily routines don't change. It's the same old story with weapon, flak jacket, helmet, MOPP gear and gas mask at your side at all times. Believe me, no one leaves home without it. On the lighter side, everyone is in their tent when it gets dark. Because when it gets dark, IT'S DARK! Early one evening our HMMV broke down. We got a lift back to our camp but we were dropped off by the COC. It was dark by then and it took us an hour to find our tent as they are spread out for obvious reasons. After cursing, swearing and a prayer we finally found the tent. It was then that I swore to be in the tent by darkness. I also warned everyone else about our ordeal.

Almost all of the DT's are doing well and have good morale. Morale is good because the majority of us who have been here since the onset now see light at the end of the tunnel. We just don't know how long the tunnel is. Believe it or not, we're glad the war started because we've been told "...first in are the first out!" We just want to get it over with so we can go home – all of us! The personnel who arrived last will be here for some time afterwards to pack and send all equipment back to the appropriate places.

It came straight from the detailer's mouth, "...if we are due to rotate to Okinawa from Saudi Arabia, we'll go to Oki!" I've got guys singing the blues already. I tell them there is nothing I can do; the detailer says you're going, therefore you go. Okinawa, stand by for the Saudi Boys.

And yes, the Marine Corps way of life isn't bad, but give me the comfort and cleanliness of a ship any day. I can't wait to get back to the boys in blue, THE U. S. NAVY!

OPERATION



DTC Phillip O. Walters
(1st Dental Battalion)
LCPO, Nursing Services,
Lima Surgical Support Company

DTC Ralph White
(2nd Dental Company)
Command Chief Petty Officer

Dental Technicians assigned to Lima Company, 1st Medical Battalion, perform their assigned duties in a truly professional and dedicated manner. As a result of their enthusiasm and hard work, much has been accomplished in their dual role as Ward Corpsmen and Dental Technicians. More often than not, the Dental Techs are the first to volunteer and have outperformed their counterparts in virtually every aspect of their duties. Working extremely well together, they were the backbone of every working party involved with the construction and outfitting of this forward 12 Operating Room / 4 Ward field hospital. Prior to the move to Al Khanjar, Dental Technicians participated in the construction, outfitting, and manning of the 150 bed hospital at Al Mishah. The construction of this facility took place while under hostile fire during the battle for Khafji. The almost nightly rocket attacks spurred the DT's into building a large "model" bunker that was the envy of the entire camp. DT's were instrumental in coordinating the rapid breakdown of the hospital, packing and staging for transportation to a new site 86 miles west. DT's volunteered for and were selected for the advance party.

At Al Khanjar, DT's worked 14 to 16 hours a day and were directly responsible for the actual construction and outfitting of all four wards, BAS, minimal treatment tent, CSR, 22 berthing tents, and the dental clinic. This 270 bed facility was directed to be operational by the 18th of February, a period of 15 days. It became operational on the 13th of February!

Of particular note DT1 Joe Collinsworth, DT3 Robert Berglund, and DN Frank Posch have established themselves as integral members of the Nursing Service staff. They are often asked for by name to aid in variety of medical and related functions. Often seizing the opportunity, they have excelled in leading those assigned with them in accomplishing numerous tasks.

From the Medical Battalion CO on down, the gratitude and praise for the work accomplished by DT's have been tremendous. As was stated to me by a senior Medical staff officer, "When I first heard the Dental Technicians were coming to backfill corpsmen out here, especially a Chief, I was skeptical. Now that you've been with us, it's hard to imagine that we could have done it without you. I don't know why you became Dental Technicians, but I'm sure as hell glad you're here." Another statement was, "Where you lack in knowledge and experience, you well make up for in enthusiasm and a willingness to learn. You guys are like well disciplined sponges."

In every instance the DT's have met every demand and task with the same "Can Do" spirit that they have always been noted for. It is my distinct pleasure to be able to serve with them.

What do you call a group of highly motivated professionals who can drive Marine Corps tactical vehicles, build a bunker, stand a perimeter watch, monitor patients on a ward, set up a field hospital, operate a central sterilization room, counsel in a combat stress center, perform medical regulating and operating room functions, serve food in a chow line, incinerate human waste, and operate decontamination stations in addition to their normal in-rate duties?

They're Dental Technicians NEC 8707.

Take over 100 of these technicians from seven separate commands who naturally have a diverse combination of styles, ideas, and experiences and assimilate them into one unit. Add the myriad of functions such as administration, mail, supplies, advancements, training, pay, vehicles, gear, and equipment which must be addressed. Then establish eleven dental treatment facilities to provide patient care and provide dental treatment and perform medical roles and other duties associated with a combat environment in four surgical support units and six Collecting and Clearing Companies. Suddenly, we have personnel in twenty-one locations! Do all of this in an arena of operation which has units dug in on the Northern Saudi Arabian border and stretches South across the Saudi Arabian desert to Bahrain and you have the mission of Dental Technicians assigned to Operation Desert Shield/Storm. One might ask "how do they do it all"? The obvious answer is EXTREMELY WELL. For once again, as in many times in the past, Dental Technicians are showing their versatility and metal. Consistently upholding the traditions of their predecessors, these guardians of the rating, The Backbone of the Navy Dental Corps, willingly do whatever is needed while providing the leadership that "Gets the Job Done."

The personnel of the Dental Detachment have performed superbly during their six months in Saudi Arabia starting 17 August 1990 with 2 Officers and 2 Dental Technicians atop their sleeping bags on the floor of Warehouse 3...temp 120+. Total personnel now approach the full T/O of a Dental Battalion. Dental Detachment personnel are located in twenty-one sites including the eleven fixed clinics and the ten Medical Battalion Companies. One named clinic is occupying its sixth space! We continue to move northward in support of our Marine units.

Logistical support in this theater is monumental, since it requires over 8 hours of driving to cover the distance from our southernmost clinic to our dental personnel furthest north. I personally drive 500-800 miles per week attending meetings and making site visits.

Much of our field dental equipment has been in constant use and is holding up remarkably well. We have logged well over 14,000 patient visits providing emergency and as much routine care as possible. Dental personnel as you have read are in wide variety of medical roles and have already contributed to saving the lives of our comrades. This is late February and as you read this, much will have changed. FMF dental continues to serve you well.

We all are looking forward to our return.....HOME.



CONGRATULATIONS FOR SIGNIFICANT
ACHIEVEMENT IN YOUR NAVAL AND
PROFESSIONAL CAREERS!

BOARD CERTIFIED IN ENDODONTICS

CDR John D. Allemang CDR Robin B. Dodd

PASSED THE WRITTEN EXAMINATION OF THE AMERICAN BOARD OF ENDODONTICS

CDR William C. Hightower
CDR Langston D. Smith LCDR Richard E. Golden
LCDR Richard D. Archer LCDR Kenneth R. Hunter
LCDR Jack P. Campbell LCDR William D. Luper

PASSED THE WRITTEN OR ORAL EXAMINATION OF THE AMERICAN BOARD OF PROSTHODONTICS

Part 1 of Phase 1 (Written)

LCDR Kirk D. Kallander
LCDR Robert M. Taft
LCDR Dennis W. Sindel

Part 2 of Phase 1 (Case Presentation and Orals)

CDR Dennis W. Anderson
LTC David Palmer, USAF
LCDR Dean A. Beatty
LCDR Lyndon B. Brown
LCDR Greg V. Keating
LCDR Gerald A. Santulli

NDC COMMANDING OFFICER SLATE

CAPT James J. Shanley NNDC Bethesda
CAPT Joseph M. Kelly USNDC Roosevelt Roads
CAPT Charles B. Horton NDC Jacksonville

NDC EXECUTIVE OFFICER SLATE

CAPT Joseph Farace USNDC Okinawa
CAPT Thomas W. Faull NDC Pensacola
CAPT Richard B. Finger NDC Parris Island
CAPT Ronald F. Haring NDC San Francisco
CAPT Larry Kuhl NDC Philadelphia
CAPT Mark P. Larson USNDC Roosevelt Roads
CAPT Peter G. Lynch NDC Newport
CAPT Robert W. McCall NDC Bremerton

CO/XO's OF MARINE DENTAL COMPANIES

Assignments are currently being made. The listing of
selectees will appear in the August 1991 edition of the
Dental Corps Update.

ACTIVE DUTY CAPTAIN SELECTEES FY-91

CDR Jeffery P. Allen	CDR David G. Koffler
CDR Donald J. Bezdek	CDR Michael E. Little
CDR Eugene D. Brinkley, Jr.	CDR Robertson D. Loar
CDR Gordon M. Brown, Jr.	CDR Edward C. Marshall
CDR Robert B. Carlson	CDR Clyde W. Mayhall
CDR Samuel J. Cathers	CDR Daniel M. Meyer
CDR Stephen G. Davis	CDR Gordon J. Nolan
CDR Larry J. Dermody	CDR Peter V. Rogers
CDR Robert A. Engler	CDR Henry A. St. Germain
CDR David R. Fitch	CDR David P. Tercha
CDR Franklin E. Hart	CDR Carol I. Turner
CDR Jeffrey W. Hutter	CDR Sheila M. Twohey
	CDR Jeffrey P. Wetzel



BUREAU OF MEDICINE AND SURGERY

HEAD FACILITIES BRANCH (MED 643) RETIRES

DTC Al Elsenrath (MED-643) is transferring to the Fleet
Reserve 30 Apr 91. The Chief will be departing BUMED on
terminal leave 16 Apr 91.

DT1 Thomas Harr is reporting to BUMED on 18 Mar 91 to
assume the position as Head, Facilities Division (MED-
643). Petty officer Harr has 18 years of service as a dental
technician. He graduated dental equipment repair technol-
ogy school in June 1980. His previous assignments include
NNDC Bethesda, USNDC Naples, NDC Jacksonville,
Branch Dental Clinic Washington Navy Yard, and Branch
Dental Clinic Holy Loch. Petty Officer Harr has experience
in the Military Construction Program, Special Projects and
Equipment Procurement.

Petty Officer Harr will be your point of contact for such
matters and can be reached at AUTOVON 294-1250 or
commercial (202) 653-1250. ■

DENTAL STAFF HONOR MRS. THERESA ROTHMAN

On 6 February 1991, the Dental Division of the Bureau of
Medicine and Surgery honored Mrs. Theresa Rothman with a
luncheon at the Army/Navy Country Club in recognition of her
40 years of service to the Navy Dental Corps.

Mrs. Rothman is the Dental Corps Military Personnel Techni-
cian at the Personnel Plans and Analysis Branch of MED-05.
She maintains an audit of all active duty Dental Corps personnel
from the date of their entrance into the Navy until they leave
active duty. Mrs. Rothman is responsible for entering all
significant data into BUMIS (Bureau of Medicine and Surgery
Information System) on each dental officer, such as Naval
Officer Billet Classification Codes, Subspecialty Codes, train-
ing status, duty stations, retirements, resignations, and releases
from active duty. Some of this information is augmented into
NMPC files and records.

Mrs. Rothman also assists in the accession, redesignation,
promotion, and community strength planning for Dental Corps
officers. Additionally, she is responsible for data assemblage
and producing numerous statistical reports on Dental Corps
personnel on a monthly basis which are used by BUMED,
OPNAV, ASN(M&RA), and OASD(HA) personnel. These
reports are vitally important in the management of Dental Corps
personnel issues.

During her tenure at BUMED, Mrs. Rothman has served 13
Chiefs of the Navy Dental Corps including RADM Claytor,
RADM Ryan, RADM Malone, RADM Shantz, RADM Kyes,
RADMRaffetto, RADM Arthur, RADM Elliott, RADM Farrell,
RADM Enoch, RADM McCleod, RADM Shaffer, and RADM
Clegg.

In addition to the luncheon, RADM Clegg presented Mrs.
Rothman with a certificate, pin, and a bouquet of flowers for her
40 years of loyal and dedicated service. ■

NDC Long Beach — DT2 Rebecca A. Rigney was recently commissioned an Ensign in the Medical Service Corps, United States Naval Reserve, by CAPT H. J. Stanton, DC, USN, Commanding Officer, Naval Dental Center, Long Beach. She entered the Navy in August 1983 and was advanced to DT2 five years later. She was the Leading Petty Officer for the Fiscal/Material Management Department and earned the recognition of Sailor of the Quarter in 1987 and Sailor of the Year in 1988 for NDC, Long Beach. Ensign Rigney graduated in July 1990 from National University with a Bachelor in Business Administration Degree with Honors. She will report in May 1991 to Naval Hospital, Camp Pendleton upon completion of Officer Indoctrination School in Newport, Rhode Island. • DT3 Ronald

N. Suluki was selected as NDC, Long Beach Junior Dental Technician of the Quarter and was also selected as Commander, Naval Surface Group, Long Beach Ashore Junior Sailor of the Quarter for First Quarter FY 91. • DT2 Hyung M. Park was selected as NDC, Long Beach Sailor of the Year 1990. DT2 Park, a native of Korea, has been stationed in NDC, Long Beach since 1988. • DT2 Laura Tooley was selected as NDC, Long Beach Senior Dental Technician of the Quarter for First Quarter FY 91.

NDC Orlando — Commanding Officer, Naval Dental Center, Orlando, CAPT Jerry Johnson kicked off the FY 91 professional meeting of the Orlando Naval Dental Society. The society traditionally enjoys the support from the many retired Dental Corps officers in the area. This meeting was highlighted by four former Dental Corps flag officers: RADM J. Enoch, RADM McLeod, RADM G. Besbekos, and RADM T. McKean. The evening of "Sea stories," fellowship, and dinner was followed by CDR R. Vinci, DC, USN discussing "Modern Concepts of Operative Dentistry."

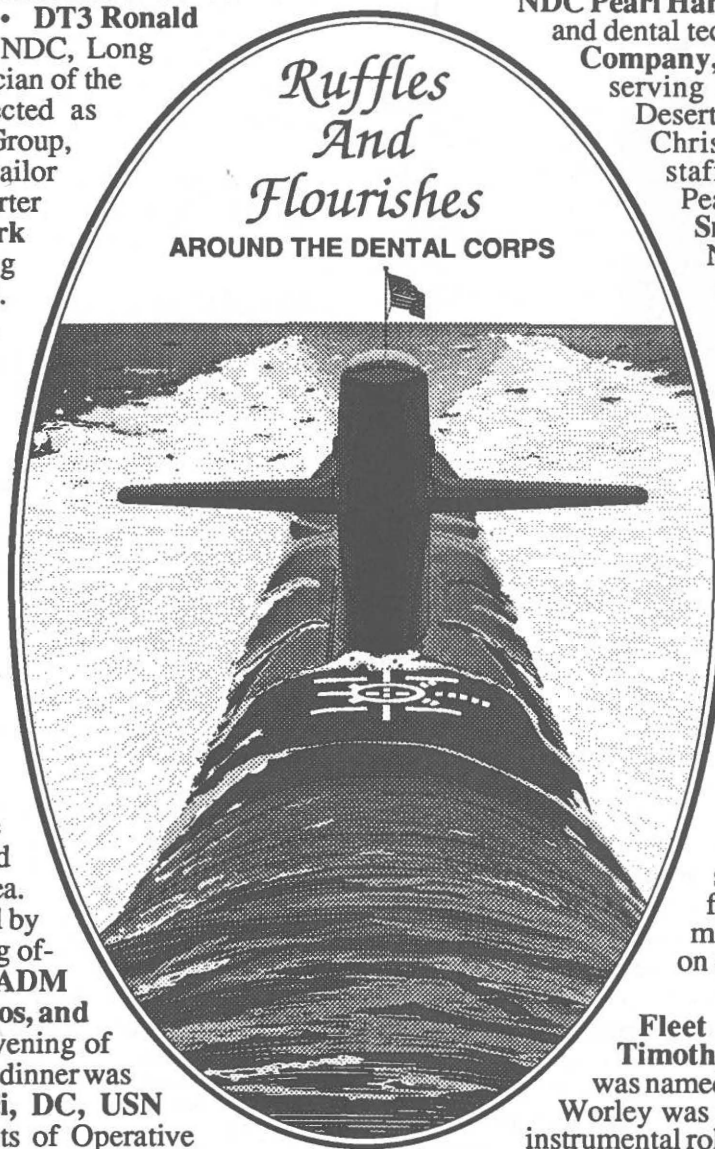
1st Dental Battalion, 1st FSSG, 1st MEF — DT3 Robert Bergland was selected as the Junior SOQ. • DT3 Anthony Zenzen and DT3 Joe Davis were capped to their present rank. • Thirty-two dental officers and sixty dental technicians underwent field medical training and are now deployed in forward medical units.

NDRI Great Lakes — Navy dental research staff deployed in support of Desert Shield/Storm include: HM1 Leo Nelson, USN, HM2 Harold Morton, USNR, and LCDR Toby Mapes, MSC, USN. • On short notice LCDR John Simecek, DC, USN and LT Yani Llodra, DC, USN, collected treatment needs data from selected reserve Marines at Camp Pendleton, CA in December 1990. LCDR Simecek, in February 1991, collected additional treatment needs data at Camp Lejeune, NC from Individual Ready Reserve Marines. Dr. Simecek presented the treatment needs results at the Reserve Symposium of the Chicago Midwinter meeting on 17 February 1991.

NDC Pearl Harbor — Each dental officer and dental technician of the 21st Dental Company, Kanehoe Bay, Hawaii, serving in support of Operation Desert Shield, received a special Christmas package from the staff and families of NDC, Pearl Harbor. CAPT Robert Smyth, Commanding Officer, NDC Pearl Harbor, his dental staff and the dental center's wives club pitched in to gather pretzels, peanuts, tins of cookies, gum, cans of macadamia nuts and other munchies. Mrs. Joy Smyth headed the collection team to fill 29 special gulf-bound boxes. Included in each box was a special holiday greeting card from the Pearl Harbor staff. This care package project was spearheaded by CAPT Jim Flatley, BDC Pearl Harbor. The staff also put together a list of single members of the 21st Dental Company so that personnel could follow up with letters, magazines and sports scores on an on-going basis.

Fleet Hospital Five — DT3 Timothy B. Worley of Norfolk was named Sailor of the Month. DT3 Worley was recognized for playing an instrumental role in the set-up and training of the hospital's dental department. He previously served as leading petty officer of the oral surgery department at NDC Norfolk.

NDC Camp Pendleton — Dual congratulations go to DT1 Roberto Monarez who earned the title of Shore Sailor of the Year at NDC, Camp Pendleton and Sailor of the Year, Marine Corps Base, Camp Pendleton.



More Ruffles and Flourishes on Page 27

DENTAL CORPS' NEWEST REAR ADMIRAL

Congratulations to the Navy Dental Corps' newest selectee to the rank of Rear Admiral. **Captain William H. Snell, DC, USN** was born in Montclair, New Jersey on 18 November 1939. He is a graduate of Montclair High School; Tufts University, School of Liberal Arts (B.S. Chemistry, 1961); and Tufts University, School of Dental Medicine (D.M.D. 1965, Cum Laude).



Captain William H. Snell, DC, USN

As a dental student, Captain Snell was enrolled in the Ensign 1925 program, and upon graduation from dental school, his first assignment was to the Naval Hospital, Philadelphia for Duty Under Instruction as a dental intern. A year later he reported to the Commanding Officer, U.S. Naval Activities, United Kingdom. This was followed by a tour of duty as a member of the Dental Department of the United States Naval Academy, Annapolis, MD. While at the Naval Academy, he completed a Postdoctoral Fellowship in Fixed Prosthodontics, and received his promotions to Lieutenant Commander and Commander. Captain Snell's next assignment was to the precommissioning crew of the USS NIMITZ (CVAN-68). Following the commissioning and two cruises on the NIMITZ, Captain Snell was assigned to the Prosthodontic Department at the Headquarters Clinic, Naval Regional Dental Center, Jacksonville, Florida. Two years later, he made a lateral move to the Naval Air Station, Cecil Field as Head, Branch Dental Clinic. This assignment was followed by duty at the U.S. Naval Regional Dental Center, Okinawa, Japan, as Director of Clinical Services. He was promoted to Captain in June 1980. A tour as Commanding Officer, Naval Dental Clinic, Long Beach was followed by an assignment to the Naval Medical Command, Washington, D.C. Here he served in several roles within the Direct Dental Care Division of the Office of the Deputy Commander for Health Care Operations, including Assistant for Dental Specialties, Head, Clinical Services Branch, and Division Director. Upon the establishment of the Directorate of Dental Care Operations, Captain Snell served as the first Deputy Commander, Acting. A tour of duty on the staff of the Commander, Naval Medical Command, National Capital Region as the Assistant Chief of Staff for Dentistry

was followed by his most recent assignment as Commanding Officer, Naval Dental Clinic, Great Lakes, IL.

Captain Snell is a member of the American Dental Association, the Academy of General Dentistry, a Fellow of the International College of Dentistry, and a graduate of the Interagency Institute for Federal Health Care Executives.

Captain Snell wears the Meritorious Service Medal with Star, National Defense Service Medal, and Expert Pistol Medal and, in addition, holds the Battle "E", Sea Service and Overseas Service Ribbons. He is a member of Phi Sigma Social Fraternity and Delta Sigma Dental Fraternity.

Captain Snell is married to the former Anna Kathryn Van Nest of East Orange, New Jersey. They have two children, David and Katey. ■

NAVY DENTAL CORPS HISTORICAL EXHIBIT

The Navy Dental Corps Historical Exhibit is actively seeking photographs, documents, and memorabilia of historical importance to the Navy Dental Corps. The exhibit is particularly interested in insignia, equipment, and photographs from the Vietnam era. If you have questions, or would like to send materials, please contact **CAPT Ellis Hall, DC, USN** at the Naval Dental School, NNDC, Bethesda, MD 20889-5077 or call AUTOVON 295-0076 or commercial (301) 295-0076.

A sincere thank you to the following individuals and organizations who have made recent donations to the historical exhibit:

- CAPT Michael Tabacco, DC, USN**
1950s/60s Trubyte mould display kit.
- CAPT Al Brandt, DC, USN**
Vietnam memorabilia and Dental Corps insignia since World War 1.
- CAPT Robert Snyder, DC, USN (Ret.)**
SS White foot powered dental unit.
- CAPT Victor J. Niiranen, DC, USN (Ret.)**
Documents of historical significance.
- CAPT Robert Towle, DC, USN (Ret.)**
Program from 50th Anniversary of the Navy Dental Corps dinner.
- Dr. H. Curtis Hester**
List of signatures and assignments for the March 1945 graduates of the Naval Dental School.
- The 75th Anniversary Committee, Inc.**
Donation of a large display case.
- The National Dental Museum, Baltimore MD.**
Porcelain instrument tray and dental chair seat from the 1930s and a copy of recruiting poster emphasizing the benefits of dental care in the Navy. ■

NNDC BETHESDA RECEIVES AWARD

National Naval Dental Center has been awarded the Meritorious Unit Commendation by the Secretary of the Navy. The award citation reads as follows:

The Secretary of the Navy takes pleasure in presenting the MERITORIOUS UNIT COMMENDATION to

NATIONAL NAVAL DENTAL CENTER BETHESDA, MARYLAND

for service as set forth in the following
CITATION:

"For meritorious service in providing comprehensive dental services to units of the operating forces, shore activities, and other authorized personnel from 22 August 1988 to 21 August 1990. The National Naval Dental Center, Bethesda, Maryland, through its superb performance, professionalism, and total quality management rendered the highest level of oral health care to the personnel of the Navy and Marine Corps it supports. Through competent management, the implementation of innovative and highly effective programs, and the relentless pursuit of excellence, the National Naval Dental Center directly contributed to a high state of readiness of both shore based and operational units. Recognized as one of the world's premier graduate dental centers, the command made significant contributions to both dental education and research. By their continuous display of professionalism, innovation, and total devotion to duty, the officers, enlisted personnel, and civilian employees of the National Naval Dental Center, Bethesda, Maryland reflected credit upon themselves and upheld the highest traditions of the United States Naval Service."

REVISED PERIODONTAL CHART NOW AVAILABLE

NAVMED 6600/2 (Rev. 3-90), PERIODONTAL CHART, S/N 0105-LF-009-2400, is available from the COG II stock points of the Navy Supply System and can be ordered per NPFC-2002D. Mailing address is: Naval Publications and Forms Center, 5801 Tabor Avenue, Philadelphia, PA 19120-5099. Order on DD1348; the cost is approximately \$1.20 per pad of 100 sheets.

NPFC has indicated that if a dental facility orders the earlier version of the PERIODONTAL CHART, NAVMED 6660/2 (rev. 9-87), S/N 0105-LF-216-6645, the newer version will be sent instead.

Questions regarding the revised chart should be directed to CAPT M. E. Gher, DC, USN at AUTOVON 295-0189 or commercial (301) 295-0189.

DENTAL TRAINING BOARD MEETS IN AUGUST

The Dental Corps Training Selection Board will meet **26-30 August 1991** to select officers for training to start in July 1992. BUMED NOTICE 1520, dated 08 January 1991 announced the training programs available, application procedures and deadlines. Completed applications, including all documents, enclosures and letters of recommendation must be received by Health Sciences Education and Training Command (HSETC) no later than **01 May 1991**. The programs are listed below. Except where noted, program length is two (2) years.

Full-Time Inservice Residencies

Comprehensive Dentistry
Endodontics
Maxillofacial Prosthetics (1)
Oral and Maxillofacial Surgery (4)
Oral Medicine
Orthodontics (Army)
Pediatric Dentistry (Army)
Periodontics
Prosthodontics
Public Health Dentistry

Full-time Outservice Residencies (Civilian)

Endodontics
Operative Dentistry
Oral and Maxillofacial Surgery (4)
Prosthodontics

Full-Time Outservice Postdoctoral Training (Civilian)

Temporomandibular Disorders (1)

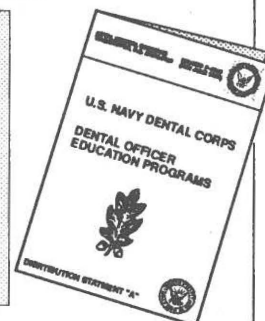
Advanced Clinical Programs (ACP)

General Dentistry (1)
Endodontics (1)
Exodontics (1)
Periodontics (1)
Prosthodontics (1)

Your point of contact for the application procedure is CAPT F. J. Robertello, DC, USN who may be reached at AUTOVON 295-0650 or commercial (301) 295-0650.

DENTAL OFFICER EDUCATION PROGRAMS

Dental Officer Education Programs (NAVMED-5093), with updated insert, is available by calling CAPT Robertello or writing to: Naval Health Sciences Education and Training Command, Code 2DC, National Naval Medical Center, Bethesda, MD 20889-5077.



NEW DENTAL OFFICER RECRUITMENT PROGRAMS

Two programs, the Armed Forces Health Professions Scholarship Program (AFHPSP) and the Financial Assistance Program (FAP), were authorized by the Assistant Secretary of Defense (Health Affairs) to assist Navy recruiting of general dentists and oral and maxillofacial surgeons. Navy recruiters received program authorizations in mid-February 1991.

Twenty (20) AFHPSPs are available in FY-91. Because of FY91 funding limitations, scholarships are only available to senior year dental students. Scholarship benefits include: paid school tuition, reimbursement of all books, instruments and educational expenses, and a monthly stipend of \$762.00. Applications from junior dental students are due at the end of April, 1991. Dental students who are in the 1925I early commissioning program are eligible to apply for the AFHPSP. Recipients of the senior year AFHPSP scholarship will attend Officer Indoctrination School and are obligated to 3 years of active duty upon graduation.

Five (5) FAPs are available to oral and maxillofacial surgery residents. Benefits include a grant of \$16,175.00 for each year in the program, reimbursement of all books, instruments and educational expenses, and a monthly stipend of \$762.00. Residents may keep all grants/stipends paid by their training institutions. Because of funding limitations, FAP is currently only available to 4th year residents. Recipients of the 4th year FAP will attend Officer Indoctrination School and are obligated to three years of active duty after completion of residency training.

If these programs prove successful, future plans call for increasing the number of AFHPSPs and FAPs and increasing the number of school years the scholarship covers. Direct questions to **CDR Barry LaCombe, DC, USN** at AUTOVON 294-1250 or commercial (202) 653-1250. ■

NEW GUIDELINES FOR MOUNTING PERIAPICAL AND BITEWING RADIOGRAPHS Effective immediately, mount new radiographs in accordance with the revised version of Chapter 6, Manual of the Medical Department, dated 24 December 1990. The convex surface of the identifying "dimple" will be oriented toward the observer. This also conforms with American Dental Association guidelines which state that "looking at the teeth from outside the mouth, the radiographs are mounted and viewed in the same manner as the universal system of tooth numbering."

To bring existing Navy records into compliance, do not remount individual radiographs. Place a red "X" in the upper left corner of the existing front of the mount to indicate that the mount has been reoriented in accordance with current directives. Turn the mount over, relabel as to right and left and indicate the current date. For serially mounted bitewing radiographs, terminate the existing series and initiate a new series, using a new mount. Direct questions to **CAPT O. B. Walker, DC, USN (MED-63)** who may be reached at AUTOVON 294-1250 or (202) 653-1250. ■

WAIVER OF TRAINING ELIGIBILITY FOR MIDDLE EAST DUTY BUMED NOTICE 1520 of January 1991 outlines the requirements for advanced training eligibility. RADM Clegg has determined that all dental officers in direct support of Operation Desert Shield/Storm may request a waiver of the requirement to complete an operational tour for training eligibility. In order to qualify, an officer must have served ninety (90) or more days within the Middle East Theater of Operations (ship or shore). All other requirements for training eligibility must be met. Officers who benefit from this waiver should plan to complete an operational tour upon completion of training. Additional information and submission format is available from **CAPT T. W. Faull, DC, USN, Dental Detailer**, at AUTOVON 225-9100 or commercial (703) 695-9100. ■

FREE MICROFICHE COPY OF YOUR OFFICER PERSONNEL RECORD: NEW REQUEST FORM

Naval officers may request, free of charge, a microfiche copy of their officer personnel record. This service, offered by the Naval Military Personnel Command (NMPC), allows each officer an opportunity to review his/her record to insure that all documents are present. Missing documents (especially a current photograph and any fitness report) may hinder advancement when your record is before the promotion board. A new Microfiche Record Request Form (NAVPERS 1070/879, stock number 0106-LF-010-900) is available from Navy Publications and Forms Center in Philadelphia (AUTOVON 442-2626/2997). Commands are encouraged to order these new forms. For further assistance, contact Military Personnel Records Control Branch, NMPC-312, at AUTOVON 224-2697 or 224-2983 or write to Naval Military Personnel Command (NMPC-312), Washington, D.C. 20370-5461.

If a handheld viewer for reviewing your officer record is desired, include a check or money order for \$4.00 payable to *Treasurer of the United States*. ■

DENTAL ACTIVITIES MUST NOW REPORT ITEMS PURCHASED LOCALLY (ACQUISITION ADVICE CODE "L")

Revised BUMED INSTRUCTION 6700.20Q requires all medical and dental activities to report materiel purchased locally regardless of method or source of procurement to the Naval Medical Logistics Command (NMLC). Overseas activities should include all acquisition advice code "L" items purchased for them by another activity such as Naval Supply Centers, DPSC, or the U.S. Army Medical Material Center, Europe. A point of contact at NMLC is **HMC Patricia Burrus** who may be reached at AUTOVON 343-7117 or commercial (301) 663-7117. ■

LIVING ON THE COMFORT – A WINNER

In February, WMAL, a Washington D. C. radio station, invited its listeners to write and submit songs in support of our troops participating in Operation Desert Shield/Storm. Numerous recordings were received and aired over a two week period. The top songs were selected for a one hour program sent to our troops in Southwest Asia. The song, "Living On The Comfort," written by Libby Kephart – Hargrave, wife of CAPT John Hargrave, DC, USN, was chosen to be included in this program. CAPT Hargrave was a crew member aboard the hospital ship USNS COMFORT (T-AH-20).

We are most grateful for the tremendous devotion and support of all our spouses. Our special thanks to Libby for her efforts in recognizing the men and women of the USNS COMFORT and others who provide unequaled dental and medical care for our troops ashore and afloat in Southwest Asia.

LIVING ON THE COMFORT

Words and music by Libby Kephart-Hargrave

Refrain: We're living on the COMFORT –
We're sailing far from home.
Our Families are waiting.
Waiting back at home.
They know we've got a job to do
Our nation needs us too.
To help the sick and wounded
Is what we're called to do.

There's lots of people on this ship
We work day and night
This hospital sailing in the sea
Is where we need to be. (Refrain)

We're husbands and wives
We're mommies and daddies
We're sons and daughters
We're families one and all. (Refrain)

We pray to God
We long for peace
We seek God's strength and love
Guide us, guard us, keep us safe
Is what we ask of thee. (Refrain)

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PROPOSED SURFACE WARFARE MEDICAL INSIGNIA

A new surface warfare medical insignia for qualified medical, dental, medical service and nurse corps officers has been approved by the Chief of Naval Operations for the Medical Department. OPNAV has been directed to write the instruction. Insignia design is in the initial stage of development. SPECIFIC DETAILS ARE NOT YET AVAILABLE, AND MAY NOT BE FOR SEVERAL MONTHS. Further information will be forthcoming through normal channels. It is reported that the following requirements must be completed to qualify for the surface warfare insignia:

- Served a minimum of one (1) year aboard ship
- Completed a General Shipboard Firefighting Course
- Completed a Basic Shipboard Damage Control Course
- Completed the Personnel Qualification Standard (PQS) for Division Officer Afloat Course
- Completed the Surface Warfare Medical Officer Indoctrination Course (medical officers only)
- Completed any two of the following courses or as the commanding officer/commander may direct:
 - a. Personnel Qualification Standard for Ships Maintenance and Material Management (3M)
 - b. Personnel Qualification Standard for Deck Watches in Port
 - c. Landing Force Medical Staff Planning Course
 - d. Combat Casualty Care Course (C4)
 - e. A thesis as directed by the commanding officer or commander
- Be recommended for designation by the commanding officer or commander

DENTAL IMPLANTOLOGY UPDATE

The continuing education short course entitled "Basic Principles of Osseointegration" will be held 16-18 September 1991. This three day course is limited to active duty Navy periodontists, prosthodontists, and oral and maxillofacial surgeons who have not yet had the opportunity to attend the course. All participants must have at least one year of active duty remaining after course completion. All interested officers should contact Mrs. Ann Leahy at the Naval Dental School, Bethesda, Maryland at AUTOVON 295-1024 or commercial (301) 295-1024. Funding must be requested through your command.

A one day Surgical Assistant's Program will be presented in conjunction with the Basic Principles of Osseointegration course on Tuesday, 17 September 1991.

A program for Dental Hygienists dealing with the care and maintenance of dental implant patients is tentatively planned for one day during this period. If a sufficient number of hygienists indicate they will be able to attend, further arrangements will be made. Those who would like to attend must determine whether their command will support their participation.

Dental Technician Implant Training - Nobelpharma will not be offering a training course in Chicago this Spring. Prosthetic laboratory technicians who would like to receive training should request funding to attend a three day Laboratory Program offered by Dentsply International. A fee of \$650.00 is required. Sessions will be held during April, August, and October 1991. For further information call 1-800-877-0020, extension 318.

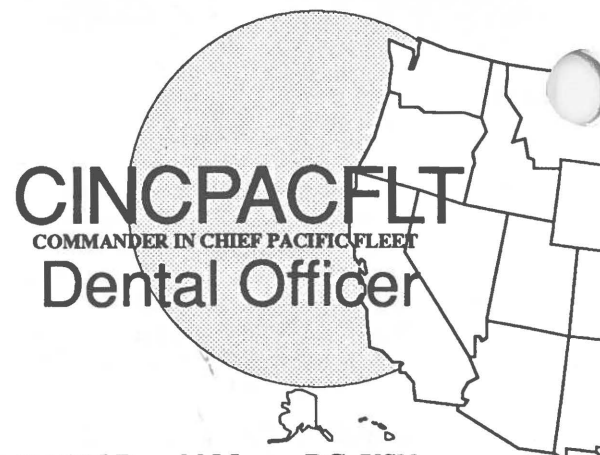
History of the Fleet Dental Office - Prior to 1972, this office existed as the Fleet and Service Force Dental Office and was located at Pearl Harbor near Makalapa Crater, and for a brief period of time, was headed by a flag officer. In 1972, the Service Force was terminated and the Commanding Officer, Naval Dental Clinic, Pearl Harbor was assigned additional duty as Fleet Dental Officer and Force Dental Officer to Commander, Submarine Force Pacific and Commander, Naval Logistics Command, Pacific. A Captain served in those billets from 1972 to 1988.

In January 1988, the Fleet Dental Officer billet was transferred from the Commanding Officer, Naval Dental Clinic, Pearl Harbor and SUBPAC staff and assigned to the flag officer in San Diego who had primary duty as Commanding Officer, Naval Dental Clinic, San Diego. In August 1989, he was assigned primary duty on the staff of CINCPACFLT with additional duty to COMNAVBASE San Diego and as Commanding Officer, Naval Dental Center, San Diego. In October 1989, the Fleet Dental Officer assumed additional duty to the Chief, Bureau of Medicine and Surgery for coordination of technical and professional support for all dental operations in CINCPACFLT's area of responsibility (AOR).

On 1 June 1990, RADM R. P. Morse assumed full-time duties as Fleet Dental Officer on CINCPACFLT's staff as Code 46 and relinquished command of Naval Dental Center, San Diego. The Fleet Dental Office is currently staffed with a Deputy Fleet Dental Officer for Liaison (Code 461) and additional duty as Commanding Officer, Naval Dental Center, Pearl Harbor; a Deputy Fleet Dental Officer for Plans and Operations (Code 462); an Administrative Officer, LT, MSC (Code 46A); a secretary (Code 46S); and an Administrative Assistant, DT2 (Code 46A1).

Area of Responsibility - The Commander in Chief, U.S. Pacific Fleet's responsibility encompasses the entire geographic area of the Pacific Command which covers West of the Mississippi to the East Coast of Africa, pole to pole. This includes five Naval Dental Centers on the West Coast; Naval Dental Center, Pearl Harbor, HI; U. S. Naval Dental Centers in Japan, Guam, Okinawa and in the Republic of the Philippines; a dental contingent with the Naval Support Force in Antarctica; and a Dental Department at the Naval Support Facility, Diego Garcia. The Fleet Dental Officer, through the Type Commands, is also responsible for the dental departments on eight aircraft carriers in AIRPAC; 27 ships in SURFPAC; three tenders in SUBPAC; four battalions in MCBPAC; and support for two battalions and eight companies in FMFPAC.

Commands Lending Assistance in Support of Operation Desert Storm - 4177 SELRES Marine Corps personnel received dental treatment during the period 6 December 1990 - 4 January 1991 at Camp Pendleton, California. Personnel from Naval Dental Centers, Camp Pendleton and San Diego, Naval Hospital, Camp Pendleton, the first Dental Battalion, and members

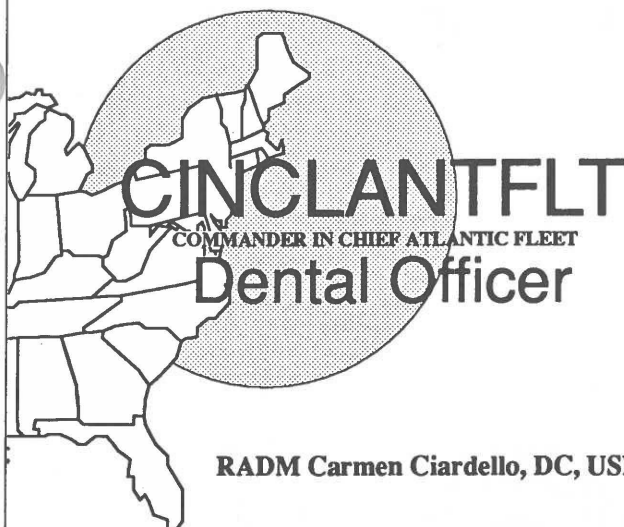


RADM Ronald Morse, DC, USN

from Naval Reserve units, helped raise the dental readiness of those SELRES Marine Corps units deploying to Southwest Asia to 88.9% and those deploying to Okinawa to 74%. Three clinics operated on 16 hour workdays in shifts including Saturday and Sunday. The Commanding Officer, NDC Camp Pendleton stated "the rapid evaluation and treatment of the activated SELRES Marines could not have been done without the superb support of the officers and technicians of the Naval Reserve." **BRAVO ZULU** to all who took part in this magnificent evolution. Similar evolutions continued throughout January and February.

Portable Field Dental Units - The Fleet Dental Office now coordinates the use of these units. To date, USS CAPE COD (AD-43), USS MCKEE (AS-41), and USS KANSAS CITY (AOR-3) are supplied with units in support of Operation Desert Storm as well as the aircraft carriers NIMITZ and VINSON from Naval Dental Centers San Diego and San Francisco. These units should greatly enhance these ships' ability to provide dental treatment to smaller ships and the field.

Barcodes and the Dental Record - This office has prototyped an innovative approach to saving manpower spent entering repetitive data into a database every time a member transfers through a mechanism using **Barcodes** to record a patient's personal data and dental needs. A barcoded sticker with the member's name and social security number can be placed on the Dental Record Jacket and the member's dental treatment needs can be placed inside the dental record on the SF-603. Every time a member transfers from one dental clinic to another, this information can be scanned by a barcode reader and entered into a database much like is done at your local supermarket or department store. This rapid transfer of information will save thousands of manhours presently expended on such a simple, but vitally important task. The Naval Dental Research Institute has been tasked to investigate the possibility of incorporating this Navy-wide. A mechanism such as this may be the key to management of Dental Corps assets in light of pending personnel decrements. Test sites will be identified as the equipment becomes available.



RADM Carmen Ciardello, DC, USN

History and Responsibilities - On 1 Oct 89, the Fleet Dental Officer became a primary duty directorate on CINCLANTFLT Staff in concert with Navy Medical Department Reorganization and the alignment of all Dental Commands under the command and control of local Responsible Line Commanders. With this change, the Fleet Dental Officer has an additional mission of supporting the Responsible Line Commanders in their new role.

RADM C. A. Ciardello	Fleet Dental Officer
CAPT L. T. Lineberger	Executive Assistant
LT M. M. Harrahill	Logistics and Resources
DTCS F. N. McDurman	Fleet Dental Senior Chief
DT2 K. M. Hutchins	Administrative Assistant
DT3 B. L. Ratigan	Professional Affairs Coord.

Commander in Chief
 U.S. Atlantic Fleet (Code NO2D)
 Norfolk, VA 23511-5210
 AUTOVON 565-6837/9355
 Commercial (804) 445-6837/9355
 Fax: AUTOVON 565-9991
 Fax: Commercial (804) 445-9991

RADM Ciardello and his staff are responsible for oversight and coordination of 7 shore based Naval Dental Commands and 37 dental treatment facilities as well as 46 fleet units, 9 Fleet Marine Force units in the 2nd Battalion, 11 hospital dental services and 3 CBLANT Units.

This responsibility includes: developing and coordinating CINCLANTFLT dental policy for resources, readiness and dental health, shipboard dental space/construction/alteration, oversight of dental facility MILCONs, review/revision of dental appendix to logistic annexes of CINCLANT and CINCLANTFLT operational plans, coordination of Naval Reserve mutual support programs, ensure accurate dental LSMPs, coordinate identification and procurement of all resource requirements for Fleet, Fleet quality assurance/risk management programs, monitors dental plans in support of joint exercises and coordinates dental matters of mutual concern to CINCLANTFLT, CINCUSNAVEUR and CNET.

Additionally, the Fleet Dental Office is responsible for the allocation, oversight and execution of funds for procurement and distribution of dental equipment to the fleet; responsible for budget formulation and oversight execution of all Operation and Maintenance, Navy (O&MN) CINCLANTFLT funds; and establishment of dental manpower requirements to support the CINCLANTFLT.

CINCLANTFLT Force Dental Officers

CAPT R. A. Widlak	Force Dental Officer
Commander	(A) 433-2340/2234
Naval Air Force	(C) 804-433-2340/2234
U. S. Atlantic Fleet	
Code 016	
Norfolk, VA 23511-5188	

CDR E. D. Brinkley	Force Dental Officer
Commander	(A) 565-6919/1919
Submarine Force	(C) 804-445-6919/1919
U.S. Atlantic Fleet	
Code 005	
Norfolk, VA 23511-6295	

CAPT T. G. Wright	Force Dental Officer
DTC(SW) W. L. Green	Administrative Assistant
Commander	(A) 564-5289
Naval Surface Force	(C) 804-444-5289
U.S. Atlantic Fleet	
Code N14	
Norfolk, VA 23511-6292	

CDR L. N. Reed	Force Dental Officer
Commander	(A) 363-2606
Construction Battalion	(C) 601-865-2606
Branch Dental Clinic, NCBC	
Gulfport, MI 39501-5000	

CAPT C. E. Spann	Force Dental Officer
LTJG D. Stahl	Administrative Assistant
DT1 S. Lobacz	Administrative Clerk
Commanding General	(A) 564-6561
Headquarters	(C) 804-444-6561
Fleet Marine Force, Atlantic	
Code 40	
Norfolk, VA 23515-5000	

FY 90 Dental Yellow "D" Awards - A hearty "well-done" and congratulations are extended to the Dental Departments of USS Orion (AS-18) and USS Simon Lake (AS-33) for receiving the SUBLANT Dental "D" for FY-90. As might be expected, the competition was again quite keen this year and each department's input and inspection results were carefully reviewed by the Force Dental Officer and the Battle Efficiency Awards Committee at COMSUBLANT. One fact stands out and should be a source of pride to all of us in the SUBLANT Dental Community. Unlike some of the other Battle "E" categories, the Dental "D" selection is not a matter of separating the "also-rans" and picking the winner by a process of elimination. For the Dental "D", the process is one of picking the "best of the best". I salute each of you and your tireless efforts and enthusiasm in promoting the highest level of dental health for our submarine force. ■

FLEET MARINE FORCE (FMF) DENTAL

by
CAPT C. E. Spann, DC, USN

The Navy Dental Corps has always provided responsive service to personnel of the Department of the Navy. This is most evident within the operational forces at sea, in the Construction Battalions, and with the Fleet Marine Forces (FMF).

Dental personnel of the FMF are an organic part of the U.S. Marine Corps organization and as such, their mission is to provide dedicated health care to the Marines whenever and wherever needed. Like aboard ships, we are expected to accompany our patients and provide dental care in the operational environment.

Similar to ship-board dental departments, 12% of the Navy's dental officers and technicians are assigned to FMF billets. The 210 dental officers and 444 dental technicians of the FMF are organized into three dental battalions: 1st DEN BN at Camp Pendleton, CA; 2nd DEN BN at Camp Lejeune, NC; and 3rd DEN BN at Camp Kinser, Okinawa, Japan. The 4th DEN BN, composed of USNR dental personnel, mirrors the organization and mission of active dental battalions. These battalions are part of FMF's combat service support organizations which provide logistic services such as medical, transportation, supply, and maintenance. Each battalion has a Headquarters and Service Company, headed by a Medical Service Corps Company Commander, that provides administrative and support services to the battalion, e.g. supplies and field equipment maintenance. Dental services are provided by each battalion via its three dental companies (one company of the 3d DEN BN operates independently at MCAS, Kanehoe Bay, HI). The 24 dental officers and 48

technicians of a dental company provide all aspects of dental care when USMC patients are in garrison. When the supported units deploy overseas or to the field for training, dental personnel accompany them to continue general dental service. As in Operation Desert Storm, they must also be equally well trained and ready to augment medical units and expand the medical effort in a

combat scenario. Like the Marines, FMF dental personnel must devote significant time in training for personal and unit survival, as well as preparing to confidently provide credible health care support—however the needs are demanded.

Dental Corps commanding officers at the battalion and dental company levels are in the FMF chain of command; however they respond to BUMED and other Navy guidance for technical and personnel programs. FMF units in garrison rely on collocated naval dental centers for clinic facilities and work closely in responding to regional community needs. The Commanding Generals at Headquarters, FMF, Atlantic and Pacific,

and the Commandant of the Marine Corps have special staff sections of dental personnel to guide FMF dental matters.

Although only 12% of the Dental Corps billets are in the FMF, the 150,000 Marines of the FMF can rely on dedicated dental support—"anytime, any clime." Because of the additional challenges of providing health care to operational forces, the opportunities of career development are unbeatable. Dental personnel leave FMF assignments much richer, having a firsthand understanding of the military mission and possessing the confidence and satisfaction of a job well-done—and appreciated. ■



NEW LEADERSHIP AWARD FOR FMF DENTAL OFFICERS

Navy dental officers serving with Fleet Marine Force (FMF) units are now eligible for a new leadership award provided by the Marine Corps Association (MCA).

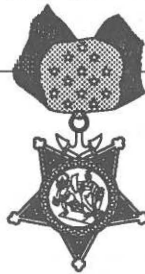
Nominations are now being accepted for the **Osborne Award for Outstanding Leadership**, named for Lt (jg) Weedon E. Osborne, Dental Corps (DC), USN, who posthumously received the Medal of Honor for actions with the Marines in France in 1918.

Any Navy Dental Corps LT or LCDR serving on active duty with any FMF unit can be nominated. Award criteria include being recognized by seniors, contemporaries, and subordinates as an example of outstanding leadership; contributing to *esprit de corps* and loyalty within the unit; and setting a personal example that others would seek to emulate.

The recipient will be selected by The Dental Officer, United States Marine Corps, and the award will be presented by the executive director of the MCA. The MCA will also maintain records of recipients and will publish their names after the award has been presented.

Nominations, submitted by letter, must include a current photograph, biographical information and a summary of performance supporting the nominee's qualifications.

Nominations are due by **01 July 1991**. Mail to Headquarters, U.S. Marine Corps, Code Den, Washington D.C. 20380-0001. Further questions are directed to DTCM R. G. Panepinto at AUTOVON 224-4477 or commercial (703) 614-4477.



A BIT OF HISTORY

The **MEDAL OF HONOR** was awarded posthumously to:

**LIEUTENANT (JUNIOR GRADE)
WEEDON E. OSBORNE
DENTAL CORPS
UNITED STATES NAVY**

For extraordinary heroism while attached to the Sixth Regiment, United States Marines, in actual conflict with the enemy and under fire during the advance on Boursesches, France on 6 June 1918. In the hottest of the fighting when the Marines made their famous advance on Boursesches at the Southern edge of Belleau Wood, Lieutenant (jg) Osborne threw himself zealously into the work of rescuing the wounded. Extremely courageous in the performance of this perilous task, he was killed while carrying a wounded officer to a place of safety. By his heroic achievement, initiative, and inspiring devotion to duty, Lieutenant (jg) Osborne reflected great credit upon himself and upheld the highest traditions of the United States Naval Service.

DENTAL TECHNICIAN NOMINATIONS NOW BEING ACCEPTED FOR THE CHRISTENSEN AWARD

The **Christensen Award** for outstanding contribution in support of operational readiness is an award given annually by the Marine Corps Association in memory of Dentalman Thomas A. Christensen, Jr., United States Navy killed in action in Korea in 1950.

Any Dental Technician in pay grade E1-E5 serving on active duty with the Fleet Marine Force is eligible. The Dental Technician should be recognized for making a significant contribution to the individual's unit in support of operational readiness. He/she should be recognized as one who sets the standards that others seek to emulate.

Each Marine Expeditionary Force Dental Officer is requested to nominate one Dental Technician from each Dental Battalion for this award.

Nominations, submitted by letter, must include a current photograph, biographical information and a summary of performance supporting the nominee's qualifications.

Nominations are due by **01 July 1991**. Mail to Headquarters, U.S. Marine Corps, Code Den, Washington D.C. 20380-0001. Further questions are directed to DTCM R. G. Panepinto at AUTOVON 224-4477 or commercial (703) 614-4477.

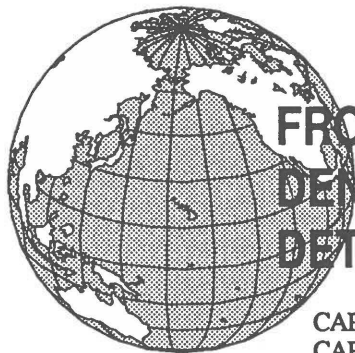


A BIT OF HISTORY

The **NAVY CROSS** was awarded posthumously to:

**THOMAS ANDREW
CHRISTENSEN, JR.
DENTALMAN, U. S. NAVY**

For extraordinary heroism while serving with a Marine Railroad Train Guard, attached to the First Amphibious Tractor Battalion, during operations against enemy aggressor forces in Korea, on 6 November 1950. With the train ambushed by a greatly outnumbering hostile guerrilla force while temporarily halted under cover of darkness at Kowon, Christensen boldly exposed himself to intense enemy machine gun, grenade, and small arms fire to rescue the wounded and administer first aid. Despite severe wounds sustained while helping a stricken comrade he bravely continued in his valiant efforts as the enemy closed in from all directions. Mortally wounded by vicious hostile fire delivered at point-blank range, Christensen, by his superb courage, self-sacrificing efforts on behalf of his comrades, and unswerving devotion to duty, served to inspire all who observed him, thereby reflecting the highest credit upon himself and the United States Naval Service.



FROM THE DENTAL CORPS DETAILERS

CAPT R. Jucovics, DC, USN
CAPT T. Faull, DC, USN

Over the past several years, rules governing Permanent Change of Station (PCS) moves have changed. A basic knowledge will help you understand how detailing decisions are affected and assist you in career planning. Let's lay some groundwork with a few definitions.

Statutory Separation Date — This is the date you are required by law to separate. Many factors affect this date including whether you are a pre-DOPMA or DOPMA officer, paygrade, failure to select for promotion, and continuation or retention board action. We will examine the details in a later newsletter. Suffice it to say, it is your mandatory separation date.

Retainability — Simply stated, this is the time you have left in the Navy. For USNR officers, this is your Estimated Loss Date (ELD) at the end of your obligated service. For USN officers, it is your statutory separation date. Retainability for USNR officers not failed of selection (FOS) can be extended per MILPERSMAN 1030150. If you do not have the required Retainability, you are not eligible for orders. Specific requirements are as follows:

- CONUS Sea/Shore to CONUS (funded move) — two years
- CONUS Sea/Shore to CONUS Sea — one year
- To OSEAS Shore - FULL DOD TOUR — (per accompanied status)
- To OSEAS Sea - FULL SECNAV prescribed tour
- OSEAS to CONUS — one year (six months if member is not allowed to take dependents)
- CONUS No cost/Low cost move — one year
- OSEAS No cost /Low cost move (No Leave) — one year or balance of DOD area tour (whichever is greater)

Minimum Tour For Separation (MTS) — Having determined that a USN officer has retainability for a PCS move, notification of intent to issue/issuance of orders activates your MTS. This is the minimum time you must serve at your new duty station before you can separate. USNR officers incur obligated service equal to MTS when they execute orders. MTS requirements are equal to those for retainability.

Prescribed Tour Length (PTL) — Prescribed Tour Lengths are set by SECNAV for sea duty and by DOD for all others. The PRD on your orders will reflect PTL. You should clearly understand that PTL may exceed the minimum required tour length. For example, the PRD on your orders from OSEAS to CONUS will reflect a three year PTL. But, you may separate after one year MTS. Again, the PRD on your orders reflects PTL, but may not reflect minimum required tour.

Time on Station (TOS) — This applies to consecutive CONUS shore tours. You must serve 36 months in the same geographic area before you are eligible for a funded move to another CONUS activity. The TOS requirement may be met by duty at different commands as long as the move between those commands was no/low cost. Some important exceptions will be described later with examples.

Minimum Activity Tour (MAT) — In addition to TOS requirements, you are required to complete a Minimum Activity Tour of 24 months before being eligible for orders. MAT does not apply to OSEAS tour lengths, but does apply to CONUS reassignments including no/low cost moves.

Let's try to pull this all together now... Before you are eligible for orders, you must satisfy the Time On Station (TOS) and Minimum Activity Tour (MAT) requirements at your present duty station, or have completed the prescribed OSEAS/SEA duty tour. Additionally, you must have the required Retainability to satisfy the Minimum Tour for Separation (MTS) at your next duty station. Lastly, the PRD on your orders to your next duty station will reflect the Prescribed Tour Length (PTL) even though you may be eligible to move or separate before that date. With regard to career planning a few examples may be helpful.

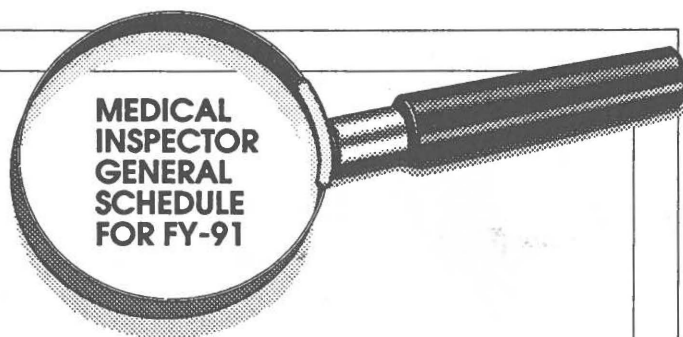
(1) After your initial CONUS tour of 12 months you are eligible for OSEAS/SEA duty. Whether you move or not will be predicated on both your desires and the needs of the Navy.

(2) The PRD on your orders for a funded move from OSEAS or CONUS SEA/SHORE to CONUS will reflect 36 months PTL. However, after 24 months at your new duty station you are eligible for orders to residency training or OSEAS/SEA duty. This is an important exception to TOS requirements that you should consider in your career planning.

(3) The PRD on your orders for a no/low cost move from CONUS SEA/SHORE to CONUS will reflect 36 months PTL. After 12 months at your new duty station you satisfy TOS requirements, but you must be on board 24 months to satisfy the MAT requirement. Historically, a limited number of MAT waivers allowed officers to go to training after satisfying the TOS requirement but before satisfying the MAT requirement. If you don't apply, you deselect yourself.

(4) If you are stationed where a move to training will be no/low cost, you may be eligible for consideration before satisfying either MAT or TOS requirements.

These examples are by no means exhaustive and all inclusive. Only after we review your personal history and aspirations can we advise you on how the rules apply to you. Don't be the victim of bad advice. Don't seek counsel in the coffee mess. Many of these rules are subject to waiver and the availability of waivers changes with needs of the Navy, PCS funding, and policy changes. As your career counselors and advisors we want to maximize your opportunities. We encourage you to call us to ensure you clearly understand how these rules apply to your career plans. We can be reached at AUTOVON 225-9100 or commercial (703) 695-9100. For additional information you may also consult the Officer Transfer Manual (NAVPERS 15559A). ■



03 APR - 03 MAY	USNAVHOSP YOKOSUKA, JAPAN USNAVDENCEN YOKOSUKA, JAPAN USNAVHOSP OKINAWA, JAPAN USNAVDENCEN OKINAWA, JAPAN USNAVHOSP GUAM, MI USNAVDENCEN GUAM, MI
03 - 07 JUN	NAVHOSP BREMERTON NAVDENCEN BREMERTON
10 - 14 JUN	NAVHOSP OAK HARBOR BRDENCLIN OAK HARBOR
22 JUL - 02 AUG	NAVHOSP PENSACOLA NAVDENCEN PENSACOLA
09 - 20 SEP	NATNAVMEDCEN BETHESDA NATNAVDENCEN BETHESDA

NEWS

DENTAL CORPS SELECTION BOARD DATES FOR FY-91

APRIL 15	0-8 Flag
APRIL 22 - MAY 03	CDR (Active Duty)
MAY 13 - 24	CAPT / CDR (Reserves)
APRIL 29 - 17 MAY	Transfer - Redesignation
JUNE 17 - 28	LCDR (Active Duty)
AUGUST 26 - 30	Duty Under Instruction
SEPTEMBER 16 - 27	LCDR (Reserves)

DENTAL OVERSEAS SCREENING GUIDE

A Dental Overseas Screening Guide was recently distributed by BUMED to all dental commands. Authored and assembled by LCDR John Paul, DC, USN of NDC, Pensacola, in an effort to take the guesswork out of overseas dental screening, information was collected from all overseas military bases where U. S. Navy personnel were stationed at the time of the guide's completion. Mailing addresses, telephone numbers, number and type of staff dental officers, level of care available for active duty personnel and dependents, type of patients not suitable for assignment and other relevant information are included.

Primarily meant to assist dental officers in the process of screening patients for overseas assignment, use of the Guide should assist receiving dental officers OCONUS by appropriately marrying patient requirements with available care. Commands should contact CAPT R. Harper (MED-631) at AUTOVON 294-1250 or commercial at (202) 653-1250 for further information. ■

NEWS

KODAK OFFERS REVISED "RADIOGRAPHIC PITFALLS"

Most of us remember, or still refer to, the Eastman Kodak publication entitled *Radiographic Pitfalls*. A newly revised edition is now available free of charge and is entitled *Successful Intraoral Radiography*. This 16 page publication has organized the information so that problem identification is easier. At the beginning of the book is a brief description of how the x-ray tube works and the relationship between exposure and processing. For more information, or ordering a free copy of this publication (Code No. N-418), contact Eastman Kodak Company at 1-800-233-1650 if outside New York state or 1-800-233-1647 if within New York state. ■

FORENSIC DENTISTRY COURSE

The 27th Annual course in Forensic Dentistry will be conducted 15-19 April 1991 at the Holiday Inn of Bethesda, Maryland. The course is sponsored by the Armed Forces Institute of Pathology and the American Registry of Pathology. Military members are exempt from tuition but there is a \$35.00 materials fee. For an application form or further information please call (202) 576-2939, or write to the Center of Advanced Medical Education, Armed Forces Institute of Pathology, Washington, D.C. 20306-6000. ■



MERCURY AND DENTISTRY

CDR H. St. Germain, DC, USN
Specialty Advisor for Operative Dentistry

I'm sure that you've received many questions from your patients on the safety of dental amalgam alloy after the 16 December 1990 "60-Minutes" segment on "Mercury and Dental Amalgam fillings". An excellent reference for use when patients ask questions is the article entitled "When your patients ask about mercury in amalgam."¹ I encourage you to summarize this article as a handout for interested patients. To provide a review of some basic background information, the following excerpts are presented based on the current literature.

In July 1989, the American Dental Association's Council on Dental Materials, Instruments and Equipment updated their conclusion made in 1983 stating that based on all scientific information, dental amalgam alloy is safe.² The 1989 update states, "There is no reason, based on toxicological consideration, why a non-allergic patient should seek to have serviceable amalgam restorations replaced." Allergic reactions to dental amalgam are extremely rare (estimated to be less than 1%) and only fifty (50) cases of allergic reactions have been reported in the scientific literature since 1905. The ADA's Principles of Ethics and Code of Professional Conduct states that "the removal of amalgam restorations from a non-allergic patient for the alleged purpose of removing toxic substances from the body, when such treatment is performed solely at the recommendation or suggestion of the dentist, is improper and unethical."

Current controversies of concern to our patients are related to the release of mercury vapor from amalgam measured after vigorous chewing.³ Measurements of intra-oral mercury vapor release obtained with various instruments are not standardized and give highly variable results. The "Jerome Gold Film Mercury Detector", a commonly used device to measure intraoral mercury vapor, multiplies the amount of mercury it actually measures by a factor of 8000, so that the reading gives the amount of mercury in a cubic meter.⁴ This inflated intra-oral measurement is also calibrated to one hour of continuous mercury vapor exposure. Mercury vapor values in the literature, however, are usually reported after only a ten minute period of chewing. It is also unlikely that people inhale through their mouths while chewing. It is more reasonable to expect that people breathe through their nose during chewing so that inhaled air bypasses any mercury vapor that may be in their mouths. Urinalysis provides the best readily available assessment of how much mercury vapor actually is absorbed by the body's tissues and measures long-term exposure to mercury or "body burden."⁵ Increased blood levels of mercury

mainly reflect recent mercury exposures. Although dental office staff have urine-mercury levels about four (4) times that of the general population, these levels have not been shown to cause symptoms of mercury poisoning in dental health care personnel practicing recommended ADA Mercury Hygiene procedures.⁶ It is significant to note that environmental exposure to mercury from fish consumed in the diet, such as tuna and swordfish, in many instances may be more than the exposure from the placement of a dental amalgam restoration.⁷

Anti-amalgam dentists contend that mercury vapor released from amalgams can cause problems ranging from depression and multiple sclerosis to fatigue and irritability. The National Multiple Sclerosis Society has pointed out that multiple sclerosis was noted in the population long before the use of dental amalgam by the dental profession. The Society states, "It is a cruel hoax to treat patients by removing their amalgam restorations."¹ The credibility of anecdotal "cures" from the removal of amalgam restorations suffers from lack of scientific documentation and the establishment of a "cause and effect" relationship between remission of the disease and alleged mercury poisoning. Acute toxic exposures from elemental mercury, i.e. mercury vapor, are rare, and cases where mercury is accidentally swallowed or released into the bloodstream, as in the case of broken oral thermometers, have not been shown to produce adverse effects. Cases of chronic mercury toxicity with symptoms of insomnia, irritability, memory loss, lack of self-control, timidity, drowsiness, depression and tremors have been reported only in situations of excessive "occupational" exposure to mercury vapor. In the dental environment, undetected mercury spills were solely responsible for the forty (40) documented cases of mercury toxicity among dental staff personnel over the last thirty (30) years.⁸ Good references to review for dental office mercury hygiene are "Mercury Hygiene Do's and Don'ts"⁹ and NAVMEDCOMINST 6260.2, "Mercury Control Program for Dental Treatment Facilities"¹⁰ - a very comprehensive and up-to-date guide.

A recent study¹¹ conducted at the University of Calgary demonstrated a fifty (50) percent reduction in the kidney function of sheep thirty (30) days after placement of dental amalgams. The Food and Drug Administration (FDA) concluded that this study was flawed in design. Extrapolation of the results of this investigation to humans is invalid because of different diets and physiologic systems in ruminants and humans. Also, the possibility of ingestion of amalgam from being "ground down" is very different from that which occurs in humans because ruminants chew virtually all the time as they regurgitate ingested food and chew a cud. A later study¹² by the same group at Calgary was subsequently performed on a monkey. Attempts were made to standardize the amalgam placement procedure using this primate model. Their results indicated that after thirty (30) days, levels of radioactively tagged mercury were detected in the kidney, GI tract, and jaw. The major question in this study is whether the levels of mercury

detected in the monkey model could be related to any pathophysiologic changes or symptoms of mercury toxicity. It is well known that the kidneys are a main organ of elemental mercury accumulation, and that the inorganic mercury humans may be exposed to has a biologic half-life of fifty (50) to sixty (60) days.

The FDA will review the safety and effectiveness of dental materials (including dental amalgam alloy and endosseous implants) in March 1991 when it convenes a panel of dental materials and basic science experts. The Calgary monkey study does indeed indicate that mercury from dental amalgams is absorbed into the tissues of the primate model. If the FDA gives scientific credibility to the stated implications of the Calgary study, controlled human clinical and laboratory investigations will need to be developed. A comparison of known levels of environmental (dietary) mercury exposure to that of dental amalgam mercury exposure and the subsequent relationship to any observed pathophysiological or immunologic effects would need to be defined.¹³ The multitude of clinical variables to be considered would make the design as well as the interpretation of the results of these clinical investigations very complicated.

REFERENCES

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11. Hahn, L.J., et al., "Dental silver tooth fillings: a source of mercury exposure revealed by whole-body image scan and tissue analysis", FASEB J 3:2641-2646, Dec 1989.
12. Hahn, L.J., et al., "Whole-body imaging of the distribution of mercury released from dental fillings into monkey tissues", FASEB J 4:3256-3260, Nov 1990.
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DENTAL CORPS PROFESSIONAL DEVELOPMENT DIVISION MED 532

CAPT S. A. Ralls, DC, USN

COMBAT CASUALTY CARE COURSE (C4)

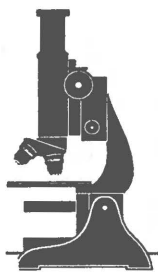
Completion of the C4 Course is an essential part of preparation for an operational tour. Usually attendance can be accomplished before reporting to your operational tour, however this is not always possible. Priority is given to those officers going to ships with imminent deployment schedules and those officers going to operational tours overseas. Attendance at the C4 course is coordinated by CAPT Stephen A. Ralls, DC, USN (MED-532). After placement on a course roster, accounting data will be sent or FAXed to your command from LCDR Peggy Moos at HSETC (code 211) approximately 2-4 weeks before the course. For questions about accounting data, she can be reached at AUTOVON 295-2353 or commercial (301) 295-2353. Specific information about course requirements, i.e. uniforms, ATLS manual, etc., will be forwarded to the individual from Camp Bullis, San Antonio, Texas. While this information should ideally reach individual officers 30 days before course commencement, it has been running closer to two weeks. If you desire to do advance study for the ATLS portion of the course you may have to borrow an ATLS manual until yours arrives. If it is closer than three weeks from course commencement and you have not received information, contact CAPT Ralls at AUTOVON 294-0463 or commercial (202) 653-0463. ■

MANAGEMENT/PROFESSIONAL DEVELOPMENT COURSES

Virtually all courses, i.e. ILMET, SLMET, MANDEV, SMRCC, etc., have been placed on hold through at least June 1991. It is hoped that these courses will be back on track this summer. More information will be forthcoming. ■

SUBSPECIALTY CODES: 1700S vs 1700D

Officers with one year of military general dentistry experience are eligible for a 1700S subspecialty code instead of a 1700D. It is not necessary to request this change as it will normally be done on a yearly basis from the pool of eligible officers. Commanding officers can use 1700S in fitness reports if the officer is eligible. ■



NAVAL DENTAL RESEARCH INSTITUTE

CAPT J. C. Cecil, DC, USN

DENTAL SEALANT STUDY

NDRI is conducting an investigation on the effectiveness of sealants to prevent caries and/or caries progression on susceptible teeth in naval recruits. The study involves the application of dental sealants on the teeth of selected recruits at RTC, San Diego and Great Lakes. Sealants are placed on susceptible molars on one side of the mouth. Susceptible molars on the contralateral side serve as controls and are not sealed.

The participants will be followed for three years. The status of sealed and unsealed molars should be evaluated by the dental officer who performs the annual examination at the participant's duty station. A **bright yellow perforated postcard** will be placed in the participant's dental record. The dental officer performing the annual examination is asked to evaluate the status of the molars, record the findings on one of the postcards, tear off the postcard at the perforation, and mail to NDRI.

The support of every Navy Dental Corps officer is essential in making this project a success. If you examine a study participant, please take a few extra minutes to complete the postcard and return it to NDRI.

If you have any questions or comments, point of contact is **Ms. Lorraine Forgas**, (708) 688-5647 or AUTOVON 792-5647. Thanks to the Navy Dental Corps for help in completing NDRI's mission. ■

NDRI ASSISTS WITH EGYPTIAN ARMY DENTAL RESEARCH

Navy dental research has been asked by the Chief, Egyptian Army Dental Corps to collaborate in dental research studies involving Egyptian Army personnel. Investigators from Navy dental research will collaborate with the Egyptian Army using resources at NAMRU-3, Cairo; Dental Research Institute, Great Lakes; and at NDRI Detachments Bethesda, Maryland, and San Antonio, Texas. ■

DENTAL INVESTIGATIVE SERVICE

In July 1990, NDRI completed the establishment of its Detachment at the US Air Force Dental Investigation Service (DIS), Brooks AFB, Texas. This unit conducts evaluations of commercially available dental materials and equipment.

Recent items of interest:

- a clinical evaluation of **periodontal sonic scalers** is being conducted with the help of Navy Dental Center, Pearl Harbor, HI. Preliminary information indicates a very satisfactory performance of the Star Titan scalers. Micro-Mega scalers were not well accepted for a number of reasons. These results are also reinforced by laboratory evaluations performed at DIS.

- a new **Star high-speed handpiece** is being marketed which reportedly eliminates the need for lubrication as a result of the use of ceramic bearings. Accelerated durability testing is currently being performed at DIS.

- **Jeltrate Plus Antimicrobial** (L. D. Caulk/Dentsply) alginate impression material contains a quaternary ammonium compound to inhibit microbial viability, and has completely replaced the previous Jeltrate alginate. Investigations conducted at DIS indicate that handling characteristics, detailed reproduction, and gypsum compatibility are as good as or better than the former alginate material.

If you are considering the purchase of a new item or have questions concerning dental materials or equipment, you may contact **LCDR John Kuehne** or **DT1 Ed Schmitt** directly at AUTOVON 240-3503 or commercial (513) 536-3503. ■

NDRI WELCOMES ROYAL NAVY DENTAL OFFICER

Navy dental research welcomes **Surgeon Commander David Alexander**, Royal Navy, the U.S. Navy's exchange dental officer with the Navy Dental Corps of the United Kingdom. Dr. Alexander is an epidemiologist whose expertise will enhance the Navy Dental Corps' capabilities in dental research. ■



Rudnicki's Nobel Principle

Only someone who understands something absolutely can explain it so no one can understand it.



NEW ENDOCARDITIS PROPHYLAXIS REGIMEN

CAPT Ellis H. Hall, DC, USN

The American Heart Association announced a new regimen for the prevention of bacterial endocarditis in December 1990 and this regimen can be found in the February 1991 edition of the Journal of the American Dental Association (JADA). Changes include the use of amoxicillin instead of penicillin as the drug of first choice, specific types and doses for erythromycin, and addition of clindamycin as a third alternative drug. Another change is that the oral regimen is now considered acceptable for all patients at risk. Patients with a history of previous endocarditis, prosthetic heart valves, and others at high risk are no longer required to receive IV antibiotics -- the new oral regimen is now acceptable. A number of other specific recommendations for patients receiving dental treatment can be found in the JADA article. An overview of antibiotic regimens is provided below.

STANDARD ADULT REGIMEN

Amoxicillin 3.0 grams orally one (1) hour before dental procedure, then 1.5 grams six (6) hours after initial dose.

STANDARD PEDIATRIC REGIMEN

Amoxicillin 50 mg/kg orally one (1) hour before dental procedure, then half the dose six (6) hours after initial dose.

Total pediatric dose should not exceed total adult dose.

The following weight ranges may also be used for the initial pediatric dose of Amoxicillin:

Less than 15 kg (33 lbs), prescribe 750 mg
15 to 30 kg (33 to 66 lbs), prescribe 1500 mg
Greater than 30 kg (66 lbs), prescribe full adult dose

REGIMEN FOR ADULTS ALLERGIC TO AMOXICILLIN/PENICILLIN

Erythromycin Ethylsuccinate 800 mg or Erythromycin Stearate 1.0 gram orally two (2) hours before dental procedure, then half the dose six (6) hours after initial dose.

— or —

Clindamycin 300 mg orally one (1) hour before the dental procedure, then 150 mg six (6) hours after initial dose.

PEDIATRIC REGIMEN WHEN ALLERGIC TO AMOXICILLIN/PENICILLIN

Erythromycin Ethylsuccinate 20 mg/kg or Erythromycin Stearate 20 mg/kg orally two (2) hours before dental procedure, then half the dose six (6) hours after initial dose.

— or —

Clindamycin 10 mg/kg orally one (1) hour before the dental procedure, then half dose six (6) hours after initial dose.

IV OR IM REGIMEN

Ampicillin, IV or IM, 2.0 grams 30 minutes before the dental procedure, then IV or IM Ampicillin 1.0 gram or oral administration of Amoxicillin, 1.5 grams, six (6) hours after initial dose.

IV OR IM REGIMEN FOR PATIENTS ALLERGIC TO AMOXICILLIN/PENICILLIN

Clindamycin, IV, 300 mg 30 minutes before dental procedure, and IV or oral dose of 150 mg six (6) hours after initial dose.

— or —

Vancomycin, IV, one (1) gram over one (1) hour, starting one (1) hour before procedure; no repeat dose is necessary.

DENMIS UPDATE

Version 1.0 continues operation at clinical sites in the Washington, D.C. area. NARDAC completed a four month bench testing and debugging of Version 1.1 and this is now ready for testing. Version 1.1 contains a patient appointment and staff scheduling module. This module has a very flexible "open book" approach. It searches for open appointment slots by clinic, provider or department/specialty. It allows multiple bookings in time slots for instances when group visits (like in annual examination) are required. It prints out an appointment slip for the patient, a notification roster to the military unit, a "day sheet" for the provider, and a "night sheet" for a duty technician to use in pulling and routing dental records for the next day's patient load.

Funding for deployment of Version 1.0 has been received. Orders for system software and microcomputer equipment have been placed. Delivery to the NDC's IS expected in May. These computers are the Everex 80386 machine from the Army's Small Multi-user Computer contract. Each clinic within an NDC has been targeted to receive one desktop system. This should be located at the front desk area to provide best utility when the Version 1.1 is introduced into the clinic. DENMIS distribution is scheduled to occur following receipt of these systems, initially at Norfolk, Great Lakes and San Diego. These NDC's will be using the Unix version of DENMIS and all other locations will be provided an MS-DOS version of the Unix system.

BARCODES

Much attention has been given to barcodes over the past several years. One application in dental facilities is in the Property Management and Budgeting System (PMBS) which was distributed on the DENMIS hardware sent to the NDC HQ's last summer. This system uses portable bar code equipment to efficiently inventory and audit plant and minor property. Spin offs of this system are patient and records tracking systems, which have functions much the same as property tracking.

DIRS data entry in DENMIS was designed with barcodes in mind. In this case a standard daily worksheet would be used by doctors or technicians to record patient services. This worksheet is similar to those which have been used for years at the NDC's except it contains barcoded DIRS codes. A technician entering the data would use a specially designed "rule" with barcoded beneficiary categories and a bar code calculator face to record DIRS procedure counts greater than one.

Another use for bar codes was prototyped at the Pacific Fleet Dental Office. This approach uses barcoded patient, treatment needs and recall data to prepare and maintain a patient database. This approach is now being added to DENMIS in the form of a "Patient Planner" worksheet which is to be found inside the dental record jacket. It allows a quick review of the patient's dental health condition, rapid planning of dental services, and when a patient is transferred to another facility it permits rapid entry of the patient data into the DENMIS database.

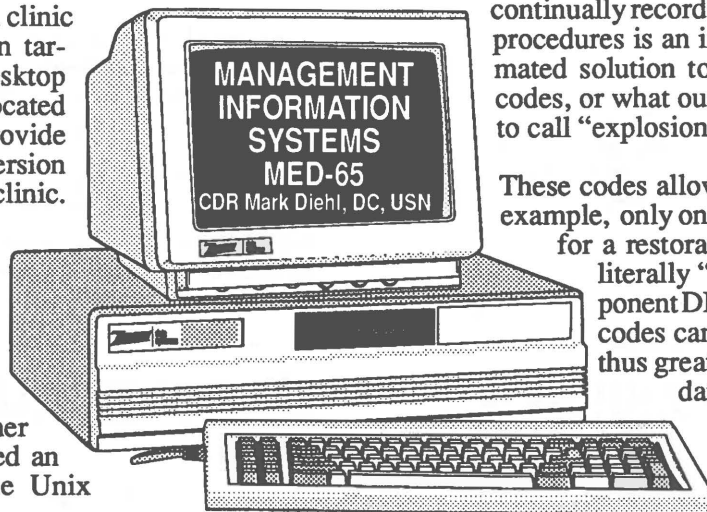
EXPLOSION CODES

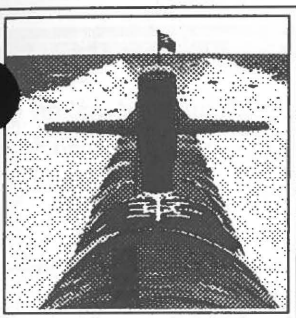
One of the most tedious jobs facing both clinical and administrative dental technicians is DIRS data entry. This widespread problem is found no matter how we work with the data or which of the many automated systems we use. This same problem has also confronted civilian dental practitioners when recording their services for insurance payment. We all have found that certain procedures nearly always use the same set of DIRS codes. It seems that continually recording four or five codes for one these procedures is an inefficient use of time. The automated solution to this problem is to use grouped codes, or what our civilian counterparts have come to call "explosion codes."

These codes allow rapid keyboard data entry. For example, only one code number needs to be entered for a restoration. The computer system then literally "explodes" this code into its component DIRS codes. These component DIRS codes can be changed if and when needed, thus greatly reducing the overall amount of data entry workload.

The first work with explosion coding for DIRS occurred at the Branch Dental Clinic at Rota, Spain over a decade ago when DIRS "dots" were being submitted. A small microcomputer system was used to record the clinical notes, such as "#12-MOD-BASE-VARN-AMAL". The test system printed this onto the back of the SF-603 form, determined the DIRS codes and updated the DIRS database, and then at the end of the day printed out a DIRS code summary.

During 1985-86 a dental computer research project at the Naval Dental Research Institute took this idea further. Drawings of dental procedures (such as types of restorations) were placed in a small notebook. Each picture had a bar code beneath it. To use this approach either the doctor or the technician would select the appropriate picture, run a portable bar code reader (in that case a Videx Timewand was used) across the code, and make any changes which were required. At the end of the day the Timewand would be turned in and the data automatically loaded into the computer system ... without any keyboard DIRS data input by the technician. This approach is ideally suited for both DIRS data entry and updating an electronic clinical record.





Ruffles and Flourishes

AROUND THE DENTAL CORPS

CONTINUED FROM PAGE 11

NDC Charleston — During the evening of 12 December 1990, three teenagers jumped and attacked a dental officer near the base. Seriously injured and dazed, the dental officer attempted to cross a heavily traveled four lane road. He was almost hit twice by passing cars. **Ms. Lisa Gooslin**, a civilian x-ray technician at the Naval Hospital, was nearby and observed the dental officer's medical condition and dangerous situation. Quickly, and without hesitation, Ms. Gooslin stopped one lane of traffic and rendered medical assistance until an ambulance arrived. Quick thinking and concern for an injured person possibly saved the life of the dental officer. Ms. Gooslin received letters of appreciation for her efforts, including a personal letter from **RADM Clegg**.

USS Prairie (AD 15) — **DT1 (SW) Crispin I. Leano** was selected as **USS PRAIRIE** Petty Officer of the Year for the period of 01 January – 31 December 1990. In recognition of his outstanding professional performance, **DT1 Leano** received a 96-hour special liberty, an award citation, and photographic recognition on **USS PRAIRIE** Petty Officer and Seaman/Fireman of the Quarter board. In addition, a personal letter from the commanding officer was forwarded to his parents and spouse outlining his many accomplishments. Congratulations and well done!

NNDC Bethesda — **DTCS Pedro Cartagena**, Supply Officer for the National Naval Dental Center, earned a Doctor of Education degree (Ed.D.) in Administration from Virginia Tech University extension program this past December. Starting his doctorate in 1985, **DTCS Cartagena** prepared and successfully defended his thesis on the Navy Functional Skills program. Bravo Zulu!

USNDC Okinawa — This year marked the eighteenth year that the TOSU Dental Hygienic School toured the US Naval Dental Center facilities in Okinawa, Japan. In attendance were 77 students and 12 school staff and interpreters. **LT Alison Freeman, DC, USN** was the project officer for this event. Presentations were made by longtime Okinawan civilian employees of the dental center. **Mr. Uema** provided a presentation on the prosthetic laboratory, **Mrs. Ganaha** discussed instrument sharpening, **Mr. Higa** provided a patient education discussion, and **Mrs. Zukeran** discussed dental infection control.

USS Frank Cable (AS 40) — Kudos to **DT2(SW) Graule** for selection as Petty Officer of the Quarter.

USS Hunley (AS 31) — Congratulations to the crew aboard the **USS Hunley** for receiving the Meritorious Unit Commendation and the Humanitarian Award for support to Submarine Squadron Four and Hurricane Hugo. ■

DENTAL MATERIALS AND PRODUCTS

CDR BARRY LACOMBÉ, DC, USN

BECAUSE OF SPACE LIMITATIONS IN THIS ISSUE OF THE DENTAL CORPS UPDATE, NEW STOCK TABLE DENTAL PRODUCTS WILL NOT BE PRESENTED. AN EXPANDED MATERIEL SECTION WILL BE PROVIDED IN THE AUGUST 1991 UPDATE. INTERESTED DENTAL OFFICERS AND DENTAL TECHNICIANS ARE REFERRED TO THE JANUARY, FEBRUARY AND MARCH 1991 EDITION OF THE NAVY MEDICAL MATERIEL BULLETIN. THE MARCH EDITION LISTS SEVERAL NEW LOCAL PURCHASE STOCK NUMBERS FOR DENTAL ITEMS.

SHIPBOARD ADAL REVIEW UNDERWAY

What is an ADAL? The acronym "ADAL" stands for Authorized Dental Allowance List (as opposed to AMAL which means Authorized Medical Allowance List). Every two years dental representatives from CINCPACFLT, CINCLANTFLT, and BUMED join forces with Dental Specialty Advisors and meet with the staff of the Navy Medical Logistics Command (NMLC) at Fort Detrick, Frederick, Maryland. This intense four day workshop reviews several hundred dental items listed on various shipboard ADAL lists. ADAL lists are designed to accommodate each class of ship with dental departments. Termed an "ADAL Review," the process presents an opportunity to add, delete, and upgrade shipboard dental equipment and products. The review also establishes minimum quantities of consumables that must be maintained onboard ships to meet operational requirements.

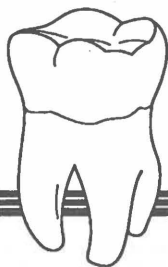
The recent ADAL Review took place 25–28 February 1991. Representatives brought several ideas, concerns, and recommendations expressed by shipboard dental officers. The meeting was hosted by **CAPT P. Truran, Jr.**, Commanding Officer of NMLC.

The following personnel participated in the ADAL Review:

HMC D. Sprouse	NMLC	CAPT J. Roehen	Endodontic Advisor
DT1 T. Barriere	NMLC	CAPT M. Gher	Periodontic Advisor
Mr. J. Deane	NMLC	CAPT E. Billy	Prosthodontic Advisor
CDR B. LaCombe	BUMED	DTC(SW) M. Paule	Laboratory Advisor
DTC A. Elsenrath	BUMED	CDR J. Royer	Oral Surgery Advisor
DT1 T. Harr	BUMED	CDR C. Massler	General Dentistry Advisor
CAPT D. Antrim	COMNAV SURFPAC		
DTC J. Foss	COMNAV SURFPAC		
CAPT R. Smyth	COMNAV SUBPAC		
CAPT T. Wright	COMNAV SURFLANT		
DTC(SW) W. Green	COMNAV SURFLANT		
CAPT R. Widlak	COMNAV AIRLANT		
CDR D. Brinkley	COMNAV SUBBLANT		
LT M. Harrahill	CINCLANTFLT		

Recommendations made during the ADAL Review are currently being re-evaluated for accuracy. When completed, the revised ADALs will be forwarded through the Type Commanders, Fleet Commanders-in-Chief and BUMED for approval. Once approved, the ADALs will be published by NMLC in October 1991.

A few of the recommendations are: increasing consumables from 60 to 90 day supply; improving infection control capability; replacing propane gas equipment with electrical appliances; providing a limited prosthodontic capability for small class ships; adding an x-ray unit and a film processor to the shared procurement list for ships. ■



CONTINUING EDUCATION OPPORTUNITIES

I will keep you updated on Navy continuing education opportunities in each issue. While funding is a scarce commodity, it still remains a necessity for each of us to upgrade and refine our professional and clinical skills.

Naval Dental School National Naval Dental Center Bethesda, Maryland 20889-5077

Point of contact: Ann Leahy
AUTOVON 295-0205
Commercial (301) 295-0205

Oral Diagnosis / Oral Medicine	15-18	Apr 91
Operating Forces Management Seminar	22-26	Apr 91
Prosthodontic Clinical Mock Board (Part II)	22-26	Apr 91
Pediatric Dentistry	29 Apr-01	May 91
Osseointegration Principles	16-18	Sep 91
Temporomandibular Disorders	07-11	Oct 91
Operative Dentistry	21-25	Oct 91
General Dentistry Treatment Planning	28 Oct-01	Nov 91
Dental Quality Assurance	04-07	Nov 91
Endodontics	02-05	Dec 91
Clinical Pharmacology and Oral Medicine	09-12	Dec 91
Review for Periodontics Board Exam	06-08	Jan 92
Review for Federal Services Board Exam	06-10	Jan 92
Periodontics	27-30	Jan 92
Oral Pathology	03-07	Feb 92
Review for Oral and Maxillofacial Surgery		
Board Exam (oral portion)	08-14	Feb 92
Oral and Maxillofacial Radiology	10-12	Feb 92
Basic Prosthodontics	02-06	Mar 92
Oral and Maxillofacial Surgery	09-12	Mar 92
Advanced Prosthodontics	16-19	Mar 92
Occlusion	23-27	Mar 92
Review for Oral Medicine Board Exam	26-27	Mar 92
Pediatric Dentistry	06-08	Apr 92
Oral Diagnosis / Oral Medicine	13-16	Apr 92

Naval Dental Center San Diego, California 92136-5147

Point of contact: DT1 N. Spear
AUTOVON 526-8197
Commercial (619) 556-8197

OFFICERS:

CPR Instructor Training (II)	01-03	Apr 91
Temporomandibular Disorders	15-17	Apr 91
Advanced Preventive Dentistry for Dental Officers and Dental Hygienists	29 Apr-01	May 91
Advanced Oral and Maxillofacial Surgery	13-15	May 91
Casualty Treatment Training (III)	10-14	Jun 91

ENLISTED:

Casualty Treatment Training (III)	24-28	Jun 91
Preventive Dentistry for Dental Technicians (II)	28-30	May 91
Preventive Dentistry for Dental Technicians (III)	03-05	Sep 91
Dental Administration for E-5s and E-6s	20-22	May 91

Armed Forces Institute of Pathology Washington, D.C.

Point of contact: Education Division
AUTOVON 291-2939
Commercial (202) 576-2939

Forensic Dentistry 15-19 Apr 91 Holiday Inn, Bethesda, MD

Naval Dental Center Norfolk, Virginia 23511-6295

OFFICERS:

Casualty Treatment Training Courses:	22-26	Apr 91
	13-17	May 91
	19-23	Aug 91

Composite Technique Course (Herculite XR)	11-12	Apr 91
Removable Partial Dentures	19	Apr 91
Periodontics	03	May 91
Fixed Partial Dentures	24	May 91
Operative Dentistry	31	May 91
General Dentistry	07	Jun 91
Temporomandibular Disorders	27-28	Jun 91

Point of contact: Bonita Brunner
AUTOVON 564-3427
Commercial (804) 444-3427

ENLISTED:

Casualty Treatment Training Courses:	26-28	Jun 91
	25-27	Sep 91
Preventive Dentistry Courses:	10-14	Jun 91
	09-13	Sep 91

VIDEOTAPE SERIES

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Point of contact: Cay Mayhugh
AUTOVON 295-0205
Commercial (301) 295-0205

Mailing Address: Commanding Officer (Code 411A)
National Naval Dental Center
Bethesda, MD 20889-5077

THIS SERIES CONSISTS OF VIDEOTAPES OF LECTURES BY NAVAL DENTAL SCHOOL STAFF. AT THE PRESENT TIME THESE VIDEOTAPES ARE AVAILABLE TO ACTIVE DUTY NAVY DENTAL OFFICERS ONLY.

THE TAPES MAY BE USED ON AN INDIVIDUAL OR GROUP BASIS. VIDEOTAPE FORMATS AVAILABLE INCLUDE U-MATIC, BETA, AND VHS. ONE CONTINUING EDUCATION CREDIT IS GIVEN FOR EACH TAPE VIEWED. A SHORT QUIZ MUST BE TAKEN TO RECEIVE THE CONTINUING EDUCATION CREDIT.

THE QUIZES ARE GRADED AND RETURNED TO THE DENTAL OFFICER. A COMPLETION LETTER WILL BE ISSUED AFTER THE TAPE IS RETURNED TO THE NAVAL DENTAL SCHOOL.

ANTERIOR DEPROGRAMMER FABRICATION
N1525-88-0068 by CAPT Michael Parker, DC, USN

LABORATORY FABRICATION OF A STABILIZATION SPLINT
N1525-88-0066 by CAPT Michael Parker, DC, USN

MEDICAL / DENTAL HISTORY IN TREATMENT PLANNING
N1525-89-0228 by CAPT Ellis Hall, DC, USN

STABILIZATION SPLINT DELIVERY
N1525-88-0067 by CAPT Michael Parker, DC, USN

OBTURATION OF THE ROOT CANAL SYSTEM
N1525-90-0007 by CDR S. James Cathers, DC, USN

VIRAL HEPATITIS
N1525-89-0136 by LCDR Michael Huber, DC, USN

DENTIN BONDING AGENTS
N1525-90-0070 by CDR Maxwell Anderson, DC, USN (Ret.)

NEW PATHOLOGIC ENTITIES OF THE ORAL CAVITY
N1525-90-0002 by CAPT Gary R. Warnock, DC, USN

PRINCIPLES OF TOOTH PREPARATION IN THE CONSTRUCTION OF FULL AND PARTIAL CROWNS Series: Part 1 of 3
N1525-90-0049 by CAPT Michael J. Tabacco, DC, USN

INSTRUMENTATION IN THE CONSTRUCTION OF FULL AND PARTIAL CROWNS Series: Part 2 of 3
N1525-90-0050 by CAPT Michael J. Tabacco, DC, USN

PRACTICAL EXERCISE IN THE PREPARATION OF FULL AND PARTIAL VENEER CROWNS Series: Part 3 of 3
N1525-90-0051 by CAPT Michael J. Tabacco, DC, USN

USE OF FREE SOFT TISSUE GRAFTS
N1525-90-0027 by P. D. Miller, DDS, and CAPT M. E. Gher, DC, USN

CORONALLY POSITIONED FLAP
N1525-91-0010 by P. D. Miller, DDS, and CAPT M. E. Gher, DC, USN

VIDEOTAPE COURSE
APPLICATION
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APPLICATION
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CORRESPONDENCE COURSES

**National Naval Dental Center
Bethesda, Maryland 20889-5077**

Point of contact: Cay Mayhugh
AUTOVON 295-0205
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Mailing Address: Commanding Officer (Code 411A)
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Complete Dentures (NAVEDTRA 10763-B)

6 Assignments - 12 Points Revised 1984
Textbook: *Boucher's Prosthodontic Treatment for Edentulous Patients*, 8th ed. J C Hickey et al. CV Mosby, 1980.

Dental Materials (NAVEDTRA 13149)

6 Assignments - 12 Points Revised 1987
Textbook: *Restorative Dental Materials*, 7th ed. RG Craig. CV Mosby, 1985.

Endodontics (NAVEDTRA 13151)

7 Assignments - 16 Points Revised 1989
Textbook: *Pathways of the Pulp*, 4th ed. Burns/Cohen. CV Mosby 1987.

Fixed Partial Denture Prosthodontics (NAVEDTRA 10410-B)

6 Assignments - 12 Points Revised 1982
Textbook: *Fundamentals of Fixed Prosthodontics*, 2nd ed. Shillingburg / Hobo, Quintessence, 1981.

Occlusion (NAVEDTRA 13114-A)

5 Assignments - 10 Points Revised 1980
Textbook: *Evaluation, Diagnosis, and Treatment of Occlusal Problems*. PE Dawson. CV Mosby, 1974

Operative Dentistry (NAVEDTRA 13146)

6 Assignments - 12 Points Revised 1988
Textbook: *The Art and Science of Operative Dentistry*, 2nd ed. CM Sturdevant et al. CV Mosby, 1985.

Oral Diagnosis (NAVEDTRA 13150)

8 Assignments - 16 Points Revised 1989
Textbook: *Differential Diagnosis of Oral Lesions*, 3rd ed. Wood / Goaz. CV Mosby, 1985.

Oral Surgery (NAVEDTRA 10729-B)

10 Assignments - 22 Points Revised 1983
Textbook: *Textbook of Oral and Maxillofacial Surgery*, 5th ed. GO Kruger. CV Mosby, 1979.

Panoramic Radiography (NAVEDTRA 13140)

4 Assignments - 9 Points Revised 1986
Textbook: *Principles and Practice of Panoramic Radiology*, OE Langland et al. WB Saunders, 1982

Periodontics (NAVEDTRA-10758-B)

12 Assignments - 24 Points Revised 1981
Textbook: *Periodontics in the Tradition of Orban and Gottlieb*, 5th ed. DA Grant et al. CV Mosby, 1979.

Pharmacotherapeutics in Dental Practice (NAVEDTRA 13110-B)

7 Assignments - 14 Points Revised 1979
Textbook: *Clinical Pharmacology in Dental Practice*, 2nd ed. SV Holroyd (editor). CV Mosby, 1974.

Removable Partial Dentures (NAVEDTRA 13104)

8 Assignments - 16 Points Revised 1987
Textbook: *McCracken's Removable Partial Prosthodontics*, 7th ed. Henderson et al. CV Mosby, 1985.

Dr. "Ted" Frechette (continued from page 2)

Dental Corps in 1935 having completed and passed the qualifying examination. He was commissioned Lieutenant, Junior Grade, and then rose through the ranks of the Navy, attaining the rank of Captain in 1951. Ted retired from the Navy in 1965.

Dr. Frechette completed advanced study programs in prosthodontics at Southern California in 1943, at the Naval Dental School in 1947 and New York University in 1948. He was Diplomate of the American Board of Prosthodontics.

Dr. Frechette published numerous papers in professional journals including the Journal of Prosthetic Dentistry and the Journal of Dental Research and was a frequent essayist and clinician before dental societies. He was active in research of saliva and its role in denture retention, effects of extrinsic forces on denture bases as well as individual units, and stress factors affecting clasp design of partial dentures. His academic activities included Director of the Navy Postgraduate Program, the Navy Residency in Prosthodontics, and Navy continuing education programs in dentistry. His military assignments carried him to the U.S. Naval Dispensary in Cavite, the Philippine Islands and the U.S. Naval Hospital, Shanghai, China. Subsequent duties included service as Deputy Chief of the Bureau of Medicine and Surgery, Department of the Navy, and Commanding Officer of the Naval Dental School in Bethesda, Maryland.

Ted was an active member of the American Dental Association, the American Denture Society, Fellow of the Academy of Denture Prosthesis, Fellow of the American Society of Association Executives and Delta Sigma Delta. His honors included the Legion of Merit from the Secretary of the Navy.

While serving as full-time administrator for the IADR/ADR he developed the operating procedures that established the associations. Membership more than doubled in size and internationalization took on a new meaning. His attention to detail and careful financial management placed the central office on a sound footing from the very beginning. With his experience in administration and his tireless efforts the Associations grew, publications increased, and the International Association of Dental Research became more active in dental research throughout the world. ■



We have an obligation to try and make the world safer and an obligation to stand up for democracy. But we have an equally sacred obligation not to let wishful thinking endanger the freedom and safety we all now enjoy.

Dick Cheney
Secretary of Defense

CDR Barry J. Mathis (continued from page 2)

He reported as Clinic Director, Branch Dental Clinic, NAS Whiting Field from the USS Lexington in July 1989.

Commander Mathis decorations included the Meritorious Service Medal, two awards of the Navy Commendation Medal; two awards of the Navy Achievement Medal; three awards of the Navy Expeditionary Medal; the National Defense Service Medal; Meritorious Unit Commendation Ribbon; the Coast Guard Special Operation Service Ribbon; two awards of the Vietnam Service Medal with Bronze Star; and the Navy Expert Pistol Medal.

Survivors include his wife, Sharon J. Mathis of Pensacola; a son, Jay C. Mathis of Pensacola; a daughter, Chelline M. Mathis of Pensacola; his parents, Mr. and Mrs. Julius B. Mathis and his sister Sharon Mathis, both of Sunnyvale, California.

Burial was at Barrancas National Cemetery with full military honors.

Memorials may be made to the Cerebral Youth Camp or Spectacular Youth Camp, P.O. Box 3344, Pensacola, FL 32516. ■



NEWS

VHS FORMATTED CONTINUING EDUCATION VIDEOTAPES NOW AVAILABLE TO DENTAL OFFICERS

The staff of the Naval Dental School Educational Development Division report the growing popularity of videotaped dental education courses. Over the last year, readers of the Dental Corps Update have noticed an expanding list of available videotape titles written and directed by the staff of the Naval Dental School (see page 29).

Until recently, videotaped courses have only been available in U-Matic and Beta video machine format. U-Matic video machines are for commercial use and available at most medical facilities. Beta video machines are available in the civilian community and aboard Navy ships. Recently, the Audiovisual Production Division of the Naval School of Health Sciences, producers of the videotape series, received permission to provide the tapes in the VHS format. VHS is the most popular videocassette machine available to the civilian community. This policy change permits dental officers the ability to watch continuing education videotapes at home and at their leisure.

A special thank you goes to the NNDC Continuing Education staff who listened to the desires of the Dental Corps community and vigorously pursued the issue. For your convenience, a videotape course request form is available on the adjacent page.



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2. **All boxes must** be completed or the application will be returned.
3. Mail Application to:

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Bethesda, Maryland 20889-5077

4. If course materials have not been received within a reasonable time, please call AUTOVON 295-0205 or commercial (301) 295-0205.

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Under the authority of Title 5 USC 301, information regarding your military or other DOD status is requested in order to evaluate individual applications for enrollment in the Naval Correspondence Course program. The information will also be used to process course completion letters and to construct and maintain an official and continuing manual and/or automated record of correspondence course participation. The cumulative course participation record will not be divulged, without written authorization, to anyone other than those within DOD for official use in determining performance and effecting organizational and administrative management. The transmittal of pertinent information to persons/institutions of the individual selection may be effected by a signed statement by the individual concerned. Completion of this form is voluntary; however, failure to provide the required information will result in an inability to process this application.

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Updated April 1991

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